MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred vrs. mos, ds. PHYSICIANS statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 5. SINGLE, MARRIED, WIOOWED, 3. SEX 4. COLOR OR RACE OR DIVORCED (the word) (Month) (Oay) 5e. If merried, widower for divorcad HUSBANO of I HEREBY CERTIFIC That I ettended daceesed from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Days If LESS then to heve occurred on the date statad above, et Months 1 dev.___hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate ol onset 8. Trede, profession, or particular OCCUPATION kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc... JO may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Data daceesed last worked et this occupation (month end spent in this that occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there en eutopsy? carefully MOTHER very important. 23. If deeth wes dua to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_______ Data of Injury_______ 19. 16. BIRTHPLACE (city or town) OF DEATH (State or_country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT plnods (Address) 18. BURIAL, CREMACION, OR REMOVAL ... 19.05 CAUSE mation LION Nature of injury_____ 24. Was disease or injury in env way related to occupation of deceesed? 19. UNDERTAKER (Address) If so, specify Registrar. (Address) If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	Example II	- 5
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	007 29 1937	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: May 1,1923 Gastroenteritis

	L. PLACE O	F DEATH	OF MAK	ILAND	GERTIFICATE OF BEATH	8
	County	Anne Arunde	1 Count	V	Registration Dist. No.	
	Village or C	ity Crownsvil	le Stat	e Hospita	2.1 No. St., W	ard
				yrs,mos	4ds. How long In U.S. if of foreign birth?yrsmos	.ds.
2		ME Bailey -			If U. S. Veteran, specify WAR	
	(a) Residen	ce: No. Baltim	Ore City (Usual place		St., Ward. If nonresident give city or town and State	
		IAL AND STATIST	(MEDICAL CERTIFICATE OF DEATH	
١.,	emale	black		RIED, WIDOWED, (write the word)	21. DATE OF DEATH October 12 193 7 (Month) (Day) (Year)	
5e .	If married, widow HUSBANO of (or) WIFE of	ed, or dimined Unknown			22. I HEREBY CERTIFY, That I ettended deceased I October 8 1934 to October 12 19 3	rom
6.	DATE OF BIRTH ((month, day, and year)	1874 (?)		
-	AGE Yea		Days	II LESS than 1 day,hrs.	to have occurred on the dete steted above, et 12:35 P.M. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
NOI	8. Trede, profes	ssion, or particular vork done, es SPINNER, BOOKKEEPER, etc.	Housew:		were esfollows: Mitral Insufficiency Date	
OCCUPATION	9. Industry or work wes	business in which s done, es SILK MILL, L, BANK, etc		_		
000	10. Date deceese	ed last worked at petion (month end ———	- sper	me (yeers) nt in this		
12.	BIRTHPLACE (cit (State or cour		ginia		Other Custributory Causes of Importence: General Marasmas	
ER	13. NAME	Hannah ?				
FATHER	14, BIRTHPLACE (Stete or		irginia		Name of operation Date of What test confirmed diegnosis? Wes there an eutopsy? N	-
ER	15. MAIOEN NA	ME Hanna P	iera		23. II death was due to external causes (VIOLENCE) fill in also the Jollowing:	<u></u>
MOTHER			rginia		Accident, suicide, or homicide?	
17.	INFORMANT	Hospital Crownsvi		ryland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18.	//	TON, OR REMOVAL	Date Caf	13.4,19.27	Manner of Injury	
19.	. UNOERTAKER	Flyomas Pr	6. Ifels	H. Bato	24. Wes diseese or injury in any way related to occupetion of deceased?	
20.	FILEO B.T.	13 , 19.3. 7 8	2 fo	Registrar.	(Address) Crownsville, Maryland	1. D.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importan Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SPREAT V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 93	1 year
		(2) (3)	

ADDITIONAL S	SPACE F	OR 1	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.		E OF DEAT				93-2
	County	Anne	arundel			Registration Dist. No. 2
	Village	Dr City	Crownsv	ille St	ate Hospi	registration Dist. No
1	Length o	of residence in cit	ty or town whera	death occurred	(I) mosmos	f death occurred in a hospital or institution, give its NAME instead of street and number) 3
2.	FULL	NAME	Mose	s Black	stone	If U. S. Veteran, specify WAR WAR CORPORATE LIMITS AP
						la pat. lis, Ward. If nonresident give city of town and State
			The state of the s			
				ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SE	ale		r or race lack	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word) LOWE Q	21. DATE OF DEATH Cottober 23rd (Day) (Year)
5a. I	f married, v	widowed, or divo				
	(or)-WFE	ef (Jnknown		details and	22. I HEREBY CERTIFY. That I attended deceased from Oct. 8th 19 37, to Oct. 23rd 1937
6. D	ATE OF BI	RTH (month, day	, and year)	1857 (?) = [[]	I last saw h im alive on Oct. 23rd, 19.37; death is said
7. AC	GE	Years 80?	Months Unkn	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at
z	8. Trade,	profassion, or pa	rticular	TT1	ormin.	wera as follows: Chronic myocarditis and myocardiac
2	SAV	WYER, BOOKKEE	as SPINNER, PER, etc	Unkno	own	degeneration
OCCUPATION	9. Industr	y or business in k was done, as S	which ILK MILL,			
រូវ	ID. Date de	w MILL, BANK, e eceased last wor	tc ked at		ima (vears)	
0	this	occupation (mon	th and	sper	ima (years) nt in this ———— upation	
12. E		E (city or town).	Mar	yland		Other Contributory Causes of Importanca: General arteriosclerosis
2	13. NAME	Ur	known			
FATHER		LACE (city or to	wn) U	nknown		Name of operation Date of
~	15. MAIDEN		Unkne	0.21234		What test confirmed diagnosis? Was there an autopsy?
I -						23. If death was due to external causes (VIOLENCE) fill in also the following:
8	16. BIRTHP (Sta	'LACE (city or to) ate or country)	wn)	Unkno	wn	Accident, suicide, or homicide?
17. 11	NFORMANT (Addres:	Hos S) Cr	pital l	Records	rvland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. B		Ireuer	EMOVAL	no Chit	911- 10PM	Manner of Injury
19. U	NDERTAKE (Addjest	R	3	hons		Nature of injury 24. Was disease or injury is any way related to occupation of deceased?
20. F	ILED U	124	9.37	Mi	VI Registrag.	(Signed) FOWISVILLE, Maryland M.D.
			16 more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS BI	PHISICIAN	

PHYSICIANS should state H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. (LY, B.—WRITE PL ż

1.	PLACE OF DE	ATH			CERTIFICATE OF DEATH	7
	County		ne Arun		Registration Dist. No.	<i>.</i>
	Village or City	Crow	nsville		NoSt.,	Ward
	Langth of residenca In	city or town where	death occurrad	(II yrs,2 mos	f death occurred in a hospital or institution, give its NAME instead of street an s. O. ds. How long in U.S. If of foreign birth?yrs	d number) .mosds.
2.	FULL NAME.	Geraldi:	ne Bree	ze	If U. S. Veteran, specify WAR	
	(a) Residence: No.	1023 Ed	mondson	nve., Ba	iltg. Md . Ward.	
			(Usual place		If nonresident give city or town a	
SEX	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
_		LOR OR RACE	OR DIVORCE	RRIED, WIDOWED, D (rupite the word)	21. DATE OF DEATH tober 8	7
		Black	51	ngle	(Month) (Dey)	(Yaar)
- 1	married, widowed, or di HUSBAND of (or) WIFE of	vorced — —			22. I HEREBY CERTIFY, That I attended	
	TE OF BIRTH (month, o	, , , , , , , , , , , , , , , , , , ,	077 977	3005	, 19, to	
AGI		Months	Days	1921	I lest saw h eliva on, 19 to have occurred on the date steted above, at, 19 m.	; daath is said
	15			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	8. Trada, profession, or	particular 10	1 12	ormin.	were as follows:	Date of onset
	kind of work don SAWYER, BDOKK	a, es SPINNER, EEPER, atc			Endocarditis	2
2	9. Industry or business work was done, a SAW MILL, BANK	In which				
11	O. Date dacaesed last w this occupation (m yeer)	orkad at	11. Total	time (years) ent in this upation		
	Increme con a large	. Baltim	ore, Md		Other Contributory Causes of importance:	
, BI	(State or country)	n)	010, 1110		Lobar Pneumonia	
1	3. NAME John	Breeze			Lobal Incumolita	
1	4. BIRTHPLACE (city or	town)			Name of operation Date of	
1	(State or country)				What test confirmed diagnosis? ———————————————————————————————————	7.7
1	5. MAIDEN NAME	Julia 3	mith		23. If death was due to external causes (ViOLENCE) fill in also the follow	
1	6. BIRTHPLACE (city or	town) ?		THE STREET	Accident, suicide, or homicide? Date of injury	
1	(State or country				Where did injury occur?	
7. IN	FURMANI	Hospital rowns vi l		S	(Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC ——	tate) PLACE.
B. BU	JRIAL CREMATION, OR	REMOVAL	6 ,	. /-	Manner of injury	
	Place a Lon-	margian	Date 197 6	1/37:,19	Neture of injury	
114	NDERTAKER KAL	il K. Di	ellean	ns	24. Was disease or injury in any way related to occupation of daceased?	
,. UT	(Address), 323-	n. deRroede	VSI-Ball	umore rid	If so, specify	
0. FII	10/9.7	10 8-	yours 7		(Signed) I m highory of	P. OTT
. (1)	LL	, 43	-	Registrar.	(Address) Asmaholie At	101.

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Example 1	41	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 8 1927	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 0 1301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
		•	
	الــــا		<u></u>

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLAC	E OF DEA	тн			95C 10612
Count	ty Anne	Arundel			Lot-of Registration Dist. No. 21
		Annapoli			No. A & B Rail road Station, Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Langth	of residance In ci	ity or town whera de	eath occurred		s]_ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL	NAME	George B	rookhei	ser	If U. S. Veteran, specify WAR
(a) R	esidence: No	9 Walnu	t Ave.		d St., Ward.
			(Usual place	of abode)	If nonresident give city or town and State
3. SEX		ID STATISTIC			MEDICAL CERTIFICATE OF DEATH
Male		or or race		RIED, WIDOWED, D (write the word) LE Q	21. DATE OF DEATH 6 27 193 7 (Year)
(or) WIF	E of Kath	nerine K		thei ser	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,10 ,19 ,19
		y, and year) Fe		1868	l last saw h elive on, 19; death is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
1 0 7 .	69	1 8 1	8	ormin.	were as follows:
8. Trade	e, profession, or printed of work done,	as SPINNER. (I)	ai lor		Receite Telection of heart 10/20
- Sundus	stry or business la	n which	*** *********************************		Jacob
S	ork was done, as a AW MILL, BANK,	SILK MILL, etc			Dr. anderson stated there is no way to determine the
	deceased last wor	nth and	11. Total t	ime (years) nt in this	Griman cause of the gente dilateting of the book 5-10
y y	ear)		oct	upation	Dther Contributory Causes of importance:
		Unk now	n		FYL
1	or country)	Marylar	1 d		Musuowa
13. NAMI	E Unk	kno wn			Deceased was known to have suffered from heart.
		wn)Unkr	no.wn		Name of operation taoxials. Date of
- (-	State or country)				What test confirmed diagnosis? Was there an autopsy? No
15. MAID	EN NAME	Inlinown			23. If death was due to externel causes (VIOLENCE) fill in also the following:
		own) Unkn	own		Accident, suicide, or homicide?
≥ (State or country)				Where did Injury occur? (Specify city or town, county and State)
17. INFORMA (Addr		erine K.		heiser	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, O	CREMATION, DR I	REMDVAL		20	Menner of injury
Plece.	partim	ore, Md.	Date QC T.	28, , , 1937	- Nature of injury
19. UNDERTA	KER John	0. Mito	chell		24. Was discuss of injury in any way related to competion of deglased? Here sponts for following to an organized to the sponts of the second to the second
20. FILED	107 18	isch.		Registrar,	(Signed) Acting Coroner (M. B. (Address) Corone polico ma

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Example I	ii ii	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis
Cerebral hemorrhage July 5,1927 Peritonitis
NOV 6 1937
RIDEALLY
OR THE BUREAU V S. III.
Other contributory causes of importance:
Gallstones May 1,1923 Gastroenteritis

PHYSICIANS should state R UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLAI

V. S. No. 1

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STATE O	F MARYLAND—	CERTIFICATE OF DEATH	614
1. PLACE OF DEATH		97 130	
County Luce	erua e	Registration Dist. No. 2/	
Village or City	nece Did	ND. Salemaer les States Hoopst ap f death occurred in a hospital or institution, give its NAME instead of street and nun	Ward
Length of residence in city or town where d	eeth occurred yrsmos	sds. How long in U.S. If of foreign blrth?yrsmos	ds
2. FULL NAME TUC	6ry	If U. S. Veteran, specify WAR.	
(a) Residence: No. 61+9t.	tarrocton Care Book	wist, Ward.	
PERSONAL AND STATISTI	(Usual place of abode)	If nonresident give city or town and Sta	ate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Ferrago Negro.	OR DIVORCED (write the word)	7 30	93 7, (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	unknown	22. I HEREBY CERTIFY. That I attended dec	ceased from
	uknown 1854	I last saw h elive on	death is said
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove; atm.	
83.	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	Poneostic'	Citteris oders.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc			
10. Date deceased last worked at this occupation (month and yeer)	11. Totel time (years) spent in this occupetion		
12. BIRTHPLACE (city or town)	exter Country	Dther Coultibutory Causes of importance:	
	The L		
20	" la	vonly	
(Stete or country)	Laske	Name of operation	. res
	a Spandin	What test confirmed diagnosis? What test confirmed diagnosis? Was there an auto	psy?
210.	Conto	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? Date of injury	10
16. BIRTHPLACE (city or town) (State or country)		Where did injury occur?	., 19
17. INFDRMANT COMMITMENT (Address)	Jake Hande	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL PLACE VE de rus	Colled 10/26 3	Manner of injury	
19. UNDERTAKER SLIGG WILK (Address) 1000 / Parulley a	on Anos	Nature of Injury 24. Was disease or injury in any well related to occupation of deceased?	
(Muuress)) Soot / Sunday Co	200	If so, specify (Signed)	/2

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis AV 1921 Run over by street car 1 week ann Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

V. S. No. 1

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state

1. PLA

2. FUL (a)

3. SEX

5a. If marrie HUSB/ (or) W

6. DATE OF 7. AGE

OCCUPATION

FATHER

MOTHER

17. INFORMANT (Address)

8. Tra

9. Ind

10. Dat

S	TATE O	F MARY	LAND-	CERTIFICAT	E OF DEA	ATH 1	0615
PLACE OF DEAT	ш						
A		/	1	(97)			0.0
County 1777	18 A7	unde	9/		Registration	Dist. No	23
Village or City	cyn	da/e	, Md	No		St,	Ward
				death occurred in a hospital or			
Length of residence in cit	/		yrsmos	ds. How long in U.	S. if of foreign birth?	yrs	.mosds.
FULL NAME	zitie!	r. 01	alk	If U. S. Vete	eran, specify WAR		
(a) Residence: No	Fern	dale	Md	St., Ward.			
		(Usual place of	abode)		If nonresiden	at give city or town a	nd State
PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICA	L CERTIFICAT	E OF DEATH	
4. COLO	R OR RACE	S. SINGLE, MARR	1ED, WIDOWED,	21. DATE OF DEAT	TH O	12	
200 - 1- 141	6.4	OR DIVORCED	(write the word)		Octi	13-	193 7
male vv	11/8	W. oc	0 W1.		(Month)	(Dey)	(Year)
married, widowed, or divor	rced	1 1-					
or) WIFE of	2/6//	V. Cla	YK.	22. DI HER	- 1	Thet I ettende	ad deceased from
-//-	1041		10-	CCCCOTA	2, 1936, to		,, 192_/
E OF BIRTH (month, day	and year)	e pt 20.	18/0	I last saw h. C alive o	n (QC-13)	, 1937	; death is seid
Yeers	Months	Deys	If LES,S than	to heve occurred on the dete	steted ebove, at	50A	
60	0	2.3	1 dey,hrs.	The PRINCIPAL CAUSE OF			
0/		1 10	ormin.	were es follows:	0.		Date of onset
 Trade, profession, or pe kind of work done, 	rticuler	ma.	0	arier	wscur	sessat	2 4/20go
SAWYER, BOOKKEE	PER, etc.	110n	<u> </u>	least two	years dury	agw.	0, 0
D. Industry or business in work wes done, es S SAW MILL, BANK, e	ILK MILL,	non		Congesti	in bear	failure	1 day ago.
). Date deceased lest wor this occupation (mon	ked et		In this			J	
 SAW MILL, BANK, e Date deceased lest work 	tcked et		In this				00

Name of operation

Neture of Injury

Whet test confirmed diegnosis?____

(Address)

12. BIRTHPLACE (city or town (Stete or country) 14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address)

Registrar.

23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? ---

Where did injury occur?__. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

Menner of Injury

24. Wes disease or injury in env way releted to occupation of deceased?

If so, specify (Signed)_

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
W 9 4 5	and the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		3	

V. S. No. 1

nem of info	should sta	of OCCUP.	1
B.—WRITE PLAINLY, WITH UNFADING INA—I HIS IS A FERMANENT RECORD. EVER 11 MI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.	7.00
ENI KEC	TLY. P	ied. Exac	
PERMAN	d EXAC	rly classif	cate.
HIS IS A	be state	be prope	k of certifi
G INN-I	GE should	hat it may	ns on back
UNFADIN	pplied. A	terms, so t	instructio
I, WITH	arefully su	H in plain	rtant. See
FLAINL	hould be c	OF DEAT	very impo
5WKIIL	mation s	CAUSE	TION is very important. See instructions on back of certificate.
-		1	-

	RYLAND-	CERTIFICATE OF DEATH 10	616
1. PLACE OF DEATH		93-0	
County Anne Arundel		Registration Dist. No.	1
Village or City Crownsville	State Hos	p. 1.tNg.] death_occurred in a hospital or institution, give its NAME, instead of street and nu	Ward
Length of residenca In city or town whera daath occurred	yrsmos	death occurred in a hospital or institution, give its NAME, instead of street and nu ds. How long in U.S. if of foreign birth?yrsmos	imber) ds.
2 FULL NAME William Cl		If U. S. Veteran, specify WAR	
(a) Residence: No. Caroline C	ce of abode) Ma	ry stand (westerness unknown) If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
male 4. COLOR OR RACE 5. SINGLE, MA OR DIVORCE SINGLE	ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH October 22nd (Month) (Day)	193
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. Thet I attended do March 18th 1911 to Oct. 22nd	eceased from
6. DATE OF BIRTH (month, day, and year) 1876		l last saw h im alive on Oct. 22nd 1937;	death is said
7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at 5:50 P.M.	
61 Unknown	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	D
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Right sided hemiplegia	Date of onset
SAWYER, BOOKKEEPER, etc	rer	Cerebral apoplexy	
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.		Chronic myocarditis	
10. Data deceased last worked at this occupation (month and s	I tima (years) pent in this ———		
12. BIRTHPLACE (city or town) Maryland	- a a a a a a a a a a a a a a a a a a a	Other Contributory Causes of importance: Psychosis with other brain an	d
(State or country)		nervous diseases	
H 13. NAME Unknown			
13. NAME UNKNOWN 14. BIRTHPLACE (city or town) UNKNOWN (State or country)		Name of operation Date of What test confirmed diagnosis? Was there an eu	
15. MAIDEN NAME Unkn	own	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME Unkn 16. BIRTHPLACE (city or town) Unknown (State or country)		Accident, suicide, or homicide? Date of Injury	
17. INFORMANT Hospital Record (Address) Crownsville, Ma	S	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	CE.
18. BURIAL, CREMATION, OR REMOVAD Place TO RAPILE Cell Date 10	2 / 19)	Manner of Injury	
19. UNDERTAKER (Address)	/ /	24. Was disease or Injury in app way related to occupation of deceased?	
20. FILED (727-, 19.) Et fo	7 Ce Registrar,	(Signed) Crowns Ville, Maryland	Z. M. D.
	, ACEISTAIT.	(70000)	٠

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Other contributory causes of importance:		Other centributery course of importance	
g a year or a		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR'	HER STATEMENTS BY PHYSICIA	N
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1061

/		STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH)] [
1	. PLACE OF				34	
	County	Anne Arund			Registration Dist. No. 22	, .
	Village or Ci	·)	s, Mary	(If	No. Md. House of Correctionst, f death occurred in a horpital or institution, give its NAME instead of street and n	Ward (umber)
					s3ds. How long In U.S. if of foreign birth?yrsmo	
2		WE Nathani			If U. S. Veteran, specify WAR World Wa	r
patricus	(a) Resident	ce: No. Grovela	nd Lak	e Co., Fl	If nonresident give city or town and	State
		AL AND STATISTI	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	4. COLOR OR RACE Colored	5. SINGLE, MAR OR DIVORCE Sing.	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH October 21st, (Month)	, 193 .7 (Yeer)
5a.	If married, widows HUSBANO of (or) WIFE of	ed, or divorced			22. I HEREBY CERTIFY, Thet I ettended of	deceased from
41	(01) 11112 01				Aug 18th, 1937, Oct. 21st	7. 1937
7.		month, day, and year)	1892	1 11 500 11	I last saw h	death is said
6. 1	45	Months Unk.	Days Unk.	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at. 4:20 m. A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	kind of w	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	La	porer	Chronic Myocarditis	0ate of onset
OCCUPATION	9. Industry or 1 work was SAW MIL	ousiness in which done, as SILK MILL, L, BANK, etc	Unkn	own		**********
000	10. Date decease	d last worked at section (month end TTn	spe spe	ime (years) nt in this Unk. upation Unk.		
12.	BIRTHPLACE (cit		oe, Ga.		Other Contributory Couses of importance:	
~	(State or coun				Chronic Parenchymatus	?
HEF	13. NAME 1	saac Clemon		Dec.)	Wephritis. Wassermann Positive	?
FATHER	14. BIRTHPLACE (State or	(0.0) 01 (0.00)	known		Neme of operation None Date of What test confirmed diagnosis? Wes there en ea	utopsyALQ
ER	15. MAIOEN NA	ME Mary Cler	nonts-E	lda (Dec.)23. If death was due to external causes (VIDLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (State of	(city or town)Inki country)	nown		Accident, suicide, or homicide? Dete of injury	
17.	INFORMANT(Address)	Irage O	. Vm		(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLA	CE.
18.	BURIAL, CREMATI	ON, OR REMOVAL	Date Och	22,1937	Manner of injury	
19.	UNDERTAKER	L. L. Coll	md.		24. Wes disease or injury in any way releted to occupation of deceased?	
20.	FILED Del 22	, 1937 ld	ara Tu	Hoasley Registrar.	(Signed) April It Hellips	M. D.
				Aegistrar.	(Address) M. H. C. Jessups, Md.	

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis		Run over by street car	1 week ago
Chronic interstituat nephruis	1921	Kun over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	The resident	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

TION is CAUSE

V. S. No ż 18. BURIAL, CREMATION, OR REMOVAL

19. UNOERTAKER

h occurred in a hospital or institution, give its NAME instead of	street and number)
ds. How long in U.S. if of foreign birth?yrs	ds.
Mag. If U. S. Veteran, specify WAR.	
St., Ward.	
If nonresident give city or	
MEDICAL CERTIFICATE OF DE	EATH
. DATE OF DEATH	1 4
(Month) (Oay)	(Year)
. A I HEREBY CERTIFY That I	ettended deceased from
7el- 10 13) 10 Oct-	2 , 193)
last saw h. elive on OCT - 3	., 19.22; deeth is said
have occurred on the date steted above, etm.	
he PRINCIPAL CAUSE OF DEATH and related causes of import	Date of onset
Arterio Achrotic Condi	Uate of onset
Varender Gengl Missaus	
androus Fatry Mation i	2/10/37
my reached Degeneration	
Coronary Marcheren	14/12/2
other Contributory Causes of importence:	
lame of operation	Date of
/hat test confirmed diagnosis? Was	there an autopsy?
. If death wes due to external ceuses (VIOLENCE) fill in also th	e following:
accident, suicide, or homicide? Date of inju	iry, 19
Where did injury occur?	10
(Specify city or town, cour pecify whether injury occurred in INDUSTRY, in HOME, or in F	PUBLIC PLACE.
fanner of injury	
lature of injury	
. Was disease or injury in enviwey elated to occupation of dec	eased?
f so, specify	9.
(Signed) Y'N Makewor	els. M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis -	3 days ago
2 1	MOM A 1997	
May 1,1923	Other contributory causes of importance:	1 year
£	American (paper)	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

of infer

	93-c Registration Dist. No. 1	
(If	death occurred in a beginned or institution, give its NAME instead of street and r	Ward
mos.		sds.
	St., Ward.	
	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
-	21. DATE OF DEATH	
	Act 10	193 7
	(Month) (Day)	(Mear)
1	22. I HEREBY CERTIFY, That I attended a surger 193, to less 10	deceased from
S	I last saw here alive on Oct 10 1937	; death is said
1	to have occurred on the date stated above, at 11.40 M m.	
irs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	100
		Date of onset
÷	Mejocorder y Myscondeal	aug
	Munffring	0.
	Chronic myocardities. Cuts a.	
	Duration s about a years	
0	Other Contributory Causes of importance:	2.1
	Collegedaleronia	Mel
	3	
	Name of operationDate of	
	What test confirmed diagnosis? Was there an a	itonsy? Ko
	23. If death was due to external causes (VIOLENCE) fill in also the following:	
1	Accident, suicide, or homicide? Date of Injury	
	Where did injury occur?	
	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
7	Manner of Injury	
	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	9
	If so, specify	
	(Signed) Caraffel January	M. D.
	(Address) Mungarus MM	

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Example I		Example II		
The principal cause of death and relat of importance were as follows: Arteriosclerosis	ed causes Date of o	of importance were as follows:	Date of onset	
Chronic interstitial nephritis	192	1 Run over by street car	1 week ago	
Cerebral hemorrhage	July5,	1927 Peritonitis	3 days ago	
JUNEAU !	v. s.			
Other contributory causes of importan	ce:	Other contributory causes of importance:		
Gallstones		1923 Gastroenteritis	1 year	

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	10020
1. PLACE OF DEATH	/	(93-0)	
County Usine	arundel	Registration Dist. No.	
Village or City Chris	lio, md.		St.,Ward
Length of rasidanca In city or town whare daa		f death occurred in a hospital or institution, give its NAME instead of sussectionds. How long in U.S. If of foraign birth?yrs	
2. FULL NAME Clare	3d blavi	If U. S. Veteran, specify WAR	
(a) Residence: No. 7 Us	no.	St. Ward.	
	(Usual place of abode)	If nonresident give city or to	own and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	ATH
male Colored	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Davis	22. HEREBY CERTIFY, That I a	
6. DATE OF BIRTH (month, day, and year)	na. 15.1878	I last sew h aliva on,	
7. AGE Years Months	Oays If LESS than	to have occurred on tha date stated abova, atm.	
59 7	8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importar	Dats of onse
8. Trade, profession, or perticular kind of work done, as SPINNER,	PI	Gente	Dats of offise
SAWYER, BOOKKEEPER, etc	aborer	mysestetis	2.3
2. work was done as SH K MIII		Q	a. m
SAW MILL, BANK, etc	11. Total time (years) spent in this		10/2
yaar)	occupation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town)	anjah		
(State or country)	10	-	
13. NAME Leorge	Movies		
14. BIRTHPLACE (city or town)	la	***	Date of
×	(+11 /0 , 21 ,	What test confirmed diagnosis? Was t	
	(according	23. If death was due to external causes (VIOL ENCE) fill in also the Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	d .	Where did injury occur?	, , , ,
17. INFORMANT	Dovis FT.	(Specify city or town, county Specify whether Injury occurred In INOUSTRY, In HOME, or In PU	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL .		Manner of Injury	
Place Prewer Stell	Oate Oct 24/19 37		
19. UNDERTAKER 2.3-2	hum hed.	24. Was disease or injury in any way related to occupation of disease with conspecting and the second secon	ned II
20. FILEO /024, 1937	Mm Registrar.	(Signed) Cleffing orong	and The

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhade Julu5.1927 Peritonitis 3 days ago BURFALL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1

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4	DIAIL O	I MAKILAND	CERTIFICATE OF DEATH 10021
-	. PLACE OF DEATH		(8)
	County Cleen	executed.	Registration Dist. No.
	Village or City	opain h	No. St., Ward
	Length of residence in city or town where de	eath occurredvrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmosds.
2	FULL NAME BOLL	Tours	
-		J. Donat	Winglid CURBURILE TIMILE
	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH of 21 M
En	1 Legro	nepart	(Month) (Day) (Year)
Ja.	If married, widowed, or divorced HUSBANO of (or) WIFE of		22. J HEREBY CERTIFY That attended deceased from
_	(or) wife or	acce_	- (Jet 21 1987 to Cet 21 1937
6. I	DATE OF BIRTH (month, day, and yeer)	ah 21 1937	I last saw h alive on, 19; death is said
7. /	AGE Years Months	Days if LESS than	to have occurred on the date stated above, atm.
	Threba	l day,hi	were actificated CAUSE OF DEATH and related causes of importance
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Otile Darre Date of one of
OCCUPATION	9. Industry or business in which		
5	work was done, as SILK MILL, SAW MILL, BANK, etc		
Ö	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
	and a company of the	al-ori-	Other Contributory Canses of importance:
12.	(State or country)	checlant	
ER	13. NAME Jelius ac	Area Dana	
ATHER	14. BIRTHPLACE (city or town) Ja	alssile	Name of operation Date of
12.	(State or country)	seffacel.	What test confirmed diagnosis? Was there an autopsy?
1 ER	15. MAIDEN NAME Lecein	Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
5	16. BIRTHPLACE (city or town)	le si se	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	shound	Where did injury occur?
17.	INFORMANT Jack		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	(Address) Spo Des Sur	ce nex	***************************************
18.	BURIAL, CREMATION, OR REMOVAL	. 1091) . 3	Manner of Injury
-	Place Property Control	Date 2 1 , 19 7	Nature of injury
19.	UNDERTAKER SUPPLY		24. Was disease or injury in any way related to occupation of deceased?
_	(Address)	are d	If so, specify
20.	FILED / 0 - 2 , 19 3 7	Cylling 5	(Signed) // (Webacer & Darrio, M.D.
	76/	Registrar.	(Address) O.D. Mierroy I.V.
	IJ MIDTE DI	unks are needed, address State Kegistra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 12/02 le - De)

STATE OF MADVI AND CEDTIFICATE OF DEATH 1/100 t

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritism 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis .	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FURTHER STATEMENTS BY PHYSIC	FURTHER	FOR	SPACE	ADDITIONAL
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I. PLACE (OF DEATH			1	(146)		
County	a.G.		A	WITHIN GO		Registration Dist. No	21
Village Dr	City Cinna	vis In	d.	Nn	BPORATR LIE	,,,	St.,Ward
Length of re	sidance In city or town where	death occurred	ure mo		a hospital or institution ow long in U.S. if o	tion, give its NAME instead	of street and number) sds
\	P.11.	12x	,	2		r toreign Briting	
2. FULL NA		m Jil	anier (Vens			
(a) Reside	ence: No. Shady	(Usual place o	f abode)	St.,	Ward.	If nonresident give city	or town and State
PERSO	NAL AND STATIST				MEDICAL C	ERTIFICATE OF D	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED,	21. DATE	OF DEATH	sten 2.	2 ~
_ 37	10		reed			(Month) (Da	y) (Yaar)
5a. If married, wido HUSBAND of (or) WIFE of	Julius	andrew &	Dennis	"Ost,"	HEREBY 2/2	CERTIFY That	attended deceased from
6. DATE OF BIRTH	(month, day, and year)	narch 17	1899	I last saw h &	alive on	Oal 214	1937 : death is sai
	ears Months	Days	If LESS than		ed on the date state	d above, at 4 30 A	n
.3	8 7	5	1 day,hrs.	The PRINCIPA	L CAUSE OF DEAT	TH and related causes of impo	1
Z 8. Trade, prof	lession, or particular	n/	• 6	0		2	Date of onset
	work done, as SPINNER, R, BOOKKEEPER, atc	House	refe	lues	- Perol	6 clave	per
9 Industry or work w	business in which as done, as SILK MILL,		V		/	/	Balan
SAW M	ILL, BANK, etcsed last worked at	11. Total tin	ne (years)				20
O this occ year) _	cupation (month and	spent	t in this pation				170
10 BIRTHRI LOR /	20	· lui	le.	Dther Contribu	story Causes of Impo	ortance:	
12. BIRTHPLACE (State or co		J. yseo					
13. NAME Q	lbest, Rot	More					
Ann I	CE (city or town)	2		Name of opera	tion		Date of
(State	or country) Cal	vert Cou	rely	-		w	4-
15. MAIDEN N	IAME Elibab	The Hor	land			uses (VIDLENCE) fill in also	
H-	CE (city or town)	hady	side	Accident, suici	de, or homicide?	Date of in	jury, 19
∑ (State o	or country)	, mit		Where did inju	ry occur?	/6 //	
17. INFORMANT (Address)	Elizabet	le stor	found	Specify whether	er injury occurred in	(Specify city or town, con INDUSTRY, in HOME, or in	PUBLIC PLACE.
	ATION, OF REMOVAL	HOLY H		Manner of inju	rv		
Place.	areator 1	9 Date Oct	29 131	- Nature of injur			
IN HADEDTAKED	TAK	1+45	_			ay related to occupation of d	present? 10
19. UNDERTAKER - (Address)	I lis	ille ?	nd.	If so, specify		A	
20. FILED / U	77 1339	Similar	les.	(Signed)	Deceme	so G. G.	olepi M.
ZU. FILEU.I,	19-29-1-29	11 1 miles	Registrar.	(A	ddress) _30	Murros	CONE.
way,	If mor	e blanks are needed, do	dress State Registrar	, 2411 N. Charles	dree Baltimore Re	guesting P.S. No. 1.	40
di.					1		3.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1 N. B.—V

STATE	OF MARY	LAND-	CERTIFICATE OF DEATH	0623
1. PLACE OF DEATH	-		10ral	1
County Anne Arunde.			Registration Dist. No.	
Village or City Jessups, Length of residence In city or town where		9 (11	No. Md. House of Correction St., death securred in a hospital or institution, give its NAME instead of street and ds. How long In U.S. if of foreign birth?yrs.	number)
2. FULL NAME Dennis	Dwver		No.	
(a) Residence: No. No H			If U. S. Veteran, specify WAR NO St., Ward. If nonresident give city or town at	nd State
PERSONAL AND STATIST	TICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED Single	(write the word)	21. DATE OF DEATH October 2nd, 1937	., 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettende Aug 26th 19 37 to October 2	
6. DATE OF BIRTH (month, day, and year)	arch 17.	1865	lest saw h im elive on October 2nd 19 3	7, 19
7. AGE Years Months	Oays	If LESS than	to heve occurred on the date stated above, et P.M.	; death is said
72 5	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	Unknown 11. Total tim	e (years) In this Unk .	Hypostatic pneumonia; branchial in typel. cw. & R. His lungs slowby filled up; his beset to coary the circulation. Other Contributory Causes of importance:	9-30-3
(State or country)	- / -		Senility, gradual failing	
14. BIRTHPLACE (city or town)	Dwyer (d	lec.)	heart	8-2-3
(State or country)	Uhknown		Name of operation Dete of	
15. MAIDEN NAME Margare 16. BIRTHPLACE (city or town)	t Dwyer-	Unk. (dec.)	23. If deeth was due to external causes (VIOLENCE) fill in also the followled Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place	Date Wet	6 ,137	Menner of injury	
19. UNDERTAKER N & CHECKER (Address)	lins		24. Wes disease or injury in any way related to occupation of deceased?	No
20. FILE (024 5 0 , 1937 COL	ara m Hoo	relech. Registrar.	(Signed) Trad: H. Hullifed (Address) M H C Jessups, Md.	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The state of the s	150			
TOTAL TOTAL CONTROL SERVICE				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1 1 1 1 1 1 1 1 1	

	AND DESCRIPTIONS	
	\$ DOCE 1	1-
	CLAVAVI DE	The state of

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? yrs. mos. ds. Length of residence in city or town whore death occurred 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 22. That Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 4, 30 % m 7. AGE Months If LESS than The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... 9. Industry or business in which work was done, as S!LK MILL, SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent in this occupation 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME Name of operation ... 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? Clunca Was there an autopsy?_ MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town)_ (State or country) Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE

18. BURIAL, CREMATION, OR REMOVAL
Plece Description Date Oct 4, 193

(Signed) J. Willia Martin

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 6 1951	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	210-m
County Gine annual	Registration Dist. No.2
Village or City Edgenater	No. St., Ward
Length of residence in city or town where death occurred while mo	If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CA Galloway	
	St. Ward.
(a) Residence: No. Colyman (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
_ married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Hinreilla, Ballow	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) July 18 - 1886	I last sew h; death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the data statad abova, atm,
5/ 3 6 1 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	a a a
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last workad at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	6 2 to the
D. Date daceased last worked at this occupation (month and spent in this	J. 8 2 7 3
year) occupation	Other Contributory Contra of Importance:
12. BIRTHPLACE (city or town) Manyland	()
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diegnosis? Was there en autopsy? Was there en autopsy?
H H	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Associated Date of Injury John 24, 19.37
State or country) a a Co	Where did Injury occur? South Ruce Bridge married
17. INFORMANT Johnny Hours	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Edgelette	Public place
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury automobile accident
Place H. Tel Chopel Date (Cel AG , 19)	Nature of injury 3 roctured shull - instant death
19. UNDERTAKER D L Hopebassa	24. Was disease or injury In any way releted to occupetion of daceased?
(Address) Charafallto sho	If so, spacify the total the sound t
20. FILED LE La 150 J. Muryley	(Signed) (Address) Do John M.D.
Registrar.	(Vadicas)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
WOV W. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

should PHYSICIANS statement BINDING certificate. properly MARGIN RESERVED may back on that instructions plain A plnods OF CAUSE mation LION

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... How long in U.S. if of foreign birth?_______mos.____ds. If U. S. Veteran, specify WAR (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) nemul (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or min. Oate of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATIO 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER im portant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVAL 24. Was diseasa or injury in any way related to occupation of deceased?_ (Address) If so, specify _____

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Example I			
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1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
9.			
1//	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	940
County	Registration Dist, No. N
Village or City Amakelas	Mosels dency Hoston W
langth of residence in city or town the state of the stat	(If death occurred in a hoppital or institution, have its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmos
Length of residence in city or town where death occurred	1 - 0
2. FULL NAME	If U. S. Veteran, specify WARLITHIN COMPONATE LIMITA
(a) Residence: No. 4 Bellus Ce	ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	21. DATE OF DEATH
mule Onle OR DIVORCED (write the wor	1 193 /
ia. If married, widowed or divorced	(Month) (Day) (Year
HUSBAND OF OTAS & HELLS	22. HEREBY CERTIFY That I attended deceased
	1937, to Cet. 3, 193
5. DATE OF BIRTH (month, day, and year)	I last saw h. Lean alive on
7. AGE Years Months Days If LESS th	, 11)
ormin	
8. Trade, profession, or particular kind of work done, as SPINNER,	A p
SAWTER, BUONNEEPER, GIC.	Colonery Famulous Cler
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	0
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
20	Other Contributory Causes of Importance;
12, BIRTHPLACE (city or town) (State or country)	There we want for
13. NAME Theodora Hassis	auti Releution Our
	160
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME OPPING Hakkis	What test confirmed diagnosis? Was there an au opsy? Was the following:
	Accident, suicide, or homicide?
f6. BIRTHPLACE (city or town)	Where did injury occur?
19 Jan Harris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) 4 Pellus Per	Openia mienie mjuly occurred in moustri, in nume, of in rubule PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brown Trill Date Oct 8, 19	-7- Nature of injury
012	0,
19. UNDERTAKER (Addiese)	24. Was disease or injury in any way related to occupation of deceased?
ORC (-XOM)	(Signed) alberth wedern

V. S. No. 1

N. B.-WRITE PLA

PHYSICIANS should state

Every item of infor-

UNFADING INK-THIS IS A PERMANENT RECOUPLIED. AGE should be stated EXACTLY. PH

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

properly classified. Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING UNFADING INK-THIS MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLA V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10628
County lu: lu. lo-	Registration Dist. No. 21
Village or City Canal Why	No. Comerquency Hospist, of Ward
	death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in V.S. if of foreign birth?
2. FULL NAME Other Harris	If U.S. Veteran specify WAR
(a) Residence: No. 18 Carrall.	St. Ward.
(Usual place of abode)	"If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OR RACE IS SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAON 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30
Sa. If married, widowad or divorced	(Month) (Day) (Year)
5a. If married, widowad, or divorced / HUSBAND of (or) WIFE of	12 word HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) May 10 - 18 98	I last saw h alive on 3 od. 30 ,19 > ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3m.
149 5 0 p ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede/profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	States epileplicus 10/30/3,
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
year) occupation	Other Contributory Causes of importance:
(State or country)	Cerebral concussion 19/80/3
13. NAME (What) Larbus.	1.
14. BIRTHPLACE (city or town) Lunday Mais	Name of oparation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Colyce Californ.	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clift of College Colle	Accident, suicide, or homicide? accident Data of injury 000 10 19
(Stata or country)	Where did injury occur? Bladen Hole aunaf dis (Specify city or town, county and State)
17. INFORMANT WILLIAM Carles III.	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury bell deering epileple
Place Late on af Just Date 19 9 1, 1937	Nature of injury careful at concurse 21
19. UNDERTAKER Shood Stephen A1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cirrap des (Ma.	If so, specify
20. FILED / - 3 193 / Registrar.	(Signed) M. D. (Address) Lency Mcshelay
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting Y.S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation. 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis 1977	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis,	3 days ago		
BUREAU V. S.					
The state of the s					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	Date of onset	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	- EEFVED,	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Cerebral hemorrhage NOV 6 1937 July 5.		Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory ca	uses of importance:	à	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10630
1. PLACE OF DEATH	(13)
county A A Co med	Registration Dist. No.
Village or City ones Station	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Mary Hawkins	If U. S. Veleran, specify WAR
(a) Residence: No. Domes dation	. Spe Ata Boulevers a ac. 20
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR) RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCT 13 193 7
5a. If married, widowed, or divorced	(Month) (Oay) (Yefr)
HUSBANO of Preant Hawkens	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 6,1857	
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.
80 7 - 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER	1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ipdustry or business In which	Cerebral apoplesty 19/13
work was dona, as SILK MILL, SAW MILL, BANK, etc.	2-15
10. Oate deceased last worked at this occupation (month and) spent in this	Chronic (Uffficies 72
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	arteriorcarosis
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Sarah) untrocoon 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Date of injury,19
(State of Granty)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Commanda (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREATATION, OR REMOVAL	'Menner of injury
Place Brown Held De Oct 17, 1937	Nature of Injury
19. UNOERTAKER 12. Johnson	24. Was disease of injury in any way related to occupation of decreased?
(Addross) Leverapoles	If so, specify to sept mellinghone
20. FILED LO 15, 19.34 J. J. Murfely Registrar.	(Address Ismasols Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

See instructions on back of certificate.

TION is very important.

V. S. No. 1

should state

	S	TATE (OF MAR	YLAND-	CERTI	FICAT	E OF D	EATH	10631
:	1. PLACE OF DEA	TH				937	0		
County Anne arundel						Registr	ation Dist. No. 2	1	
	Village or City	-	_	(If	death occurred	in a hospital or	institution, give its	orge St. St. NAME instead of street	and number)
	Length of residence in c	city or town where	death occurred_1.	yrsmos	ds.	How long In U.	S. if of foreign bir	th?yrs	mosds.
	2. FULL NAME					_If U. S. Vet	eran, specify W	AR	
	(a) Residence: No	91 Prin	ce Georg	ge St of abode)	St.,	Ward.	If none	esident give city or town	and State
	PERSONAL AN	ND STATIST	ICAL PART	CULARS		MEDICA	L CERTIFIC	CATE OF DEAT	Н
3.		or or race		RIED, WIDOWED, D (write the word)	21. DATE	OF DEA	(Month)	19 _(Day)	, 193 Z
5a	. If married, widowed, or div HUSBAND of (or) WIFE of Eli		B. Hink		22. Ref	IHER	BY CER	TIFX. That I atter	nded deceased from
6.	DATE OF BIRTH (month, da	ay, and year)	anuary	17, 1843	I last saw h_	alive	on Oct.	1.9/ 19:	3; death is said
7.	AGE Years 94	Months 9	Days 2	If LESS than 1 day,hrs. ormin,		PAL CAUSE OF	te stated above, at . F DEATH and relate	1 2 3/10 m. ed causes of importance	1
LION	Trade, profession, or particular kind of work done, as SPINNER, Retired Railroad SAWYER, BDOKKEEPER, etc. Retired Railroad			Thesa	cordita	y my	andeal	Date of onset	
OCCUPATION	9. Industry or business I work was done, as SAW MILL, BANK,	In which SILK MILL, etc.	Engi	neer	Ana	Mu	ing ()		
220	10. Date deceased last we this occupation (me year)	orked at onth and	spa spa	time (years) ent in this upation			0	****************	
12	BIRTHPLACE (city or town (State or country)) Balti Maryl			Other Contri	ibutory Cause	of Importance:	2	- Butu
ER	13. NAME Unkno	wn							
FATHER	14. BIRTHPLACE (city or t (State or country)	town) Unk	nown				sls?	Date	of
ER	15. MAIDEN NAME U	nknown						NCE) fill in also the foll	
MOTHER	16. BIRTHPLACE (city or t	town) Unkn	o wn			icide, or homici		Date of Injury	, 19
17. INFORMANT Emma Hipkins (Address) Annapolis, Md.						(Specify	city or town, county an /, in HOME, or In PUBLI		
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Date Oct. 22, 19 37					Manner of Ir				
19	undertaker John (Address)	M. Tay				ase or injury in		o occupation of deceased	17 740
20	o, FILED LECT 10	16.61	J.J. 7.	nurfly Registrat		(Address)	ge c	Non	(L) M. [

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Cerebral hemorrhage NOV 5 1927	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN						
		ATES TO THE		1000		

V. S. No. 1

of Occupa.

1	STATE OF MARYLAND-	CERTIFICATE OF DEATH 10632
	1. PLACE OF DEATH	92-00
	County a. a. County,	Registration Dist. No. 25
1	Village or City Brook Clynd Sank	No. 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1.	Length of residence in city by town where deeth occurred 33 yrsmop.	death occurred the a hospitation institution, give he invalve instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Ans. Louise Ho	rher If U. S. Veteran, specify WAR
	(a) Residence: No. 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
12	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	HUSBAND of George Thomas Forper	22. HEREBY CERTIFY. That I attended deceased from 22, 1937, 19 Oct. 8, 1937
e 6	. DATE OF BIRTH (month, day, and year) free 1861	I lest saw h ER elive on O.C. 1937; deeth is seid
certificate	AGE Years Months Deys If LESS than	to have occurred on the date stated above, at/1am.
2	75 // / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
back o	9 Industry or business In which work was done as SI K MILL	Mital Reguigitation
uo OO	10. Date deceased last worked at this occupation (month end yeer)	maefisch
instructions	2, BIRTHPLACE (city or town) Baltynine	Other Cuutributory Causes of importance:
ruc	(State or country)	Harte Filatation of heart 10/6/37
nst	13. NAME Grove Ishnuder	
See in	14. BIRTHPLACE (city or town)	Name of operation
-	(State or country)	What test confirmed diagnosis? Climical Was there an autopsy? Me
ant.	15. MAIDEN NAME Christyna Idle	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOT	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
important.	(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
	7. INFORMANT MASS Agrees, Hotpur	Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
is very	(Address) 1 (Brokkland) 8. BURIAL, CREMATION, OR REMOVAL	Action to the second se
S	Place July July Date Colorer 11.19.3	Manner of injury
Z	2000	Nature of injury
NOLL	9. UNDERTAKER Surge Ly Safawal.	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	•		.02

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-I UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAIMLY, WO V. S. No. 1

(If death occurred in a horpital or institution, give its NAME instead of street and numbe Langth of residence in city or town where death occurred with the control of the	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10633
Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usua) place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED OR DIVORCED (surjet the word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than index, .hrs. ormin. 1 day, .hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of Secased last worked at this coupation month and year) 10. Industry or business in which social and year) 11. Intolat lime (years) 12. BIRTHPLACE (city or town). (State or country) 13. If death was due to a sternal causes (VIOLENCE) fill in also the following: Accident, suickle, or homicident give city or town, or particular word as following: What lest confirmed diagnosis? Was there an autopsy (State or country) Where did infanty occurred in InNOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Where did infanty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	1. PLACE OF DEATH	
Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. how long in U.S. if of birth? yrs. mos. ds. how long in U.S. if of birth? yrs. mos. ds. how long in U.S. if of birth? yrs. mos. ds. how long in U.S. if of birth? yrs. hrs. if of birth? yrs. mos. ds. how long in U.S. if of birth? yrs. hrs. if of birth? yrs. hr	County (Registration Dist. No.
Langth of residence in city or town where death occerred yrs		
2. FULL NAME (a) Residence: No. (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sugire the word) 5. If married, widowed, or divorced HUSSAND or Or Or DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sugire the word) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trade, profession, or particular solutions or country. 8. Trade, profession, or particular solutions or country. 8. Trade, profession, or particular solutions or country. 9. Industry or business in which soccupation (month and year) 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. SAW MILL, BANK, etc. 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. If nonresident give city or town and State of DEATH MEDICAL CERTIFICATE OF DEATH 19. (Month) (Month) (Day) (Month) 19. (Death 19. (Month) (Part) 19. (Month) (Day) (Month) (Day) (It LESS than alive on 19. (abet of DEATH and related causes of Importance were as follows: 19. (ACLOSE OF DEATH and related causes of Importance) 19. (Sate or country) Name of operation Name of operation What test confirmed diagnosis? Was there an autops; 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town). (Sate or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (unjie the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done as SPINKER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 17. INFORMANT 17. INFORMANT MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended decease (Month) (Month) (Day) 22. I HER EBY CERTIFY, That I attended decease to have occurred on the date stated ebove, at	(a) Residence: No.	St.,Ward.
3. SEX 4. COLOR OR RACE OR DIVORED (surgic the word) 5. If maried, widowed, or divorced HUSBAND of (or) WIFE of 5. AGE Years Months Days If LESS than 1 day,	PERSONAL AND STATISTICAL PARTICULARS	
So. JATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOKKEPER, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autopsy of the confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy of the confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy of the confirmed diagnosis? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	J. DINGED, MARKED, WIDOWED,	21. DATE OF DEATH / 0 19237
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	5a. If married, widowed, or divorced	
S. Jrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKEEPER, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Isas aw h alive on 19 ; deat to have occurred on the date stated ebove, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Oate 10. Date deceased last worked at this occupation (month and year) Other Contributory Causes of Importance: What test confirmed diagnosis? Was there an aulops; 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(or) WIFE of	
TAGE Years Months Days If LESS than I day,	10/27	
8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 19. Industry or business in which were as follows: 10. Date deceased last worked at this occupation occupation. 11. Total time (years) spent in this occupation. 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an autops: 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Name of operation particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Date of (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Was there an autops) (State or country) 17. INFORMANT 18. ITAGE, plotession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc. 19. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Date of (State or country) Was there an autops) 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? 24. Date of Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Other Contributory Causes of Importance: Other	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of offer
Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Other Contributory Causes of Importance: Other	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Other Coutribatory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Other Coutribatory Causes of Importance: Other	Spell (ill (ill)	Will Throw
What test confirmed diagnosis? Was there an autops: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) To INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	12. BIRTHPLACE (city or town) & Garol Inst	Other Contributory Causes of Importance:
What test confirmed diagnosis? Was there an autops: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) 17. INFORMANT Was there an autops: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	13. NAME IM STARES	
What test confirmed diagnosis? Was there an autops: 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, country and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(State of country)	What test confirmed diagnosis? Was there an autopsy?
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
		Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date 1 7 , 1937 Nature of injury	D Wa - H. 16 B -	Manner of injury
19. UNDERTAKER (Address) (Address) 24. Was disease or injury in any way related to occupation of deceased?		24. Was disease or injury in any way related to occupation of deceased?
20. FILED / J. 1937 MAN (Signed) (Signed) Just Red Jan		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	and the line of	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	KOV	July 5,1927	Peritonitis	3 days ago
C. C.	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Q	3 days ago
		1 10 21	
		100 m 34 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1. 01=	
		1 CD	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR PURITIES STATEMENTS BY PHYSICIAN

Re 0 ct MB OH ct 0 19 b 0 00 0 CN 62 Hd 20 37

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	45B
County anne anindel	Registration Dist. No.
Village or City Brookly	No. # / Wasina are St, Ward
Length of residence in city or town where death occurred 2yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Columns of Taxana	ds. How long in U.S. If of foreign birth?yrsmosds.
	linkins
(a) Residence: No. 13rashlyn a.u. Co-	- CSt., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wille	21. DATE OF DEATH 0.4 3/ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of anne It, Jenkens	22. Out - HEREBY CERTIFY. That i attended deceased from 19.77, to Out - 3/ 19.2/
6. DATE OF BIRTH (month, day, and year) July 3, 1871	I last saw h. 19 alive on Oct 3/ 19 2; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 19.49.6m.
66 2 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Caragan Mary Mary Mary Mary Mary Mary Mary Mary
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) Baltimore, md (State or country)	Other Contributory Causes of importance:
13. NAME Y Lenry Jenbyns	
13. NAME Yeary Jenkins 14. BIRTHPLACE (city or town) Unknown	Name of operation
(Stale or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cecelin Roberts	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT alfred Jenkens (Son)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cedar Itell Cem. Date Moon 2, 1957	Nature of injury
19. UNDERTAKER Fred. a. Krause + Son (Address) 12/6 & Charles St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mer 1 , 1932 da M. V. Lulson. Registrar.	(Signed) M. D. (Address) 320 Cash pass Chur —
If more blanks are needed, address State Registrar,	2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HOV 4 1937	de la constitución de la constit		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10636
1. PLACE OF DEATH	(PD)
County C - CC -	Registration Dist. No. 21
Village or City Brown wood	No. En 1819 EN Hospilal St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give it NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Colinfon Johnson	If U. S. Veteran, specify WAR
(a) Residence: No. 13 min hood	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) The description of the color	21. DATE OF DEATH (Month) (Bey) (Year)
HUSBAND of (or) WIFE of 11 mg W. Dr. Johnson	22. OCHEREBY CERTIFY. Thet I attended deceased from 1937, to October 27, 1937
6. DATE OF BIRTH (month, day, and yeer) May 22 897	I lest saw h un ellve on Det 27, death is said
7. AGE Yeers Months 5 Days 5 If LESS then 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	to have occurred on the date steted above, et. 4.10m.
40_ 1897. May 22 Iday, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER,	Originary cause of the rocute nephritis: Unde-
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased jest worked et (1971) 27 11. Total time (yeers)	Wille Refulles to a medic Que of Uf 12
work was done, as SILK MILL, SAW MILL, BANK, etc	aus vummum 173
Shall Ill fill?	at was not on neute attack engrafted upon
yeer) occupation occupation	Other Contributory Causes of infrogrange:
12. BIRTHPLACE (city or town) (1910M1077 (State or country) (3 - (1 - (0 - Md))	Least Walahan John Och 2
	192/
14. BIRTHPLACE (city or town) - R. Chilore	Name of operation Date of
(State of country)	Whet test confirmed diegnosis? Chilled f duly Was there en eutopsy? 48
15. MAIDEN NAME ROCKES TO Eland 16. BIRTHPLACE (city or town) Brown Word	23. If death wes due to externel causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Grown Word.	Accident, suicide, or homicide? Dete of Injury, 19
2 (State or country) ((-((-('), ///d'	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AUGUSTEN Jamoon	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	New Alex
Place 33 Cad / 8264. Date Get - 3/ 19 37	Menner of Injury
19. UNDERTAKER & H. B. Parker (Address) 45 Was finallon C.	24. Was disease or injury in any way releted to occupation of deceased?
20, FILED 10 29 , 19 37 MW Segistrar.	(Signed) Ubboth William M. G. (Address) Williamshis, W.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Dandroon -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
NOV 6 1937					
Other contributory causes of importance:		Other contributory causes of importance:	4		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR F	TURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PL.

9	11	10	9	say
I	U	()	3	6

1. PLACE OF DEATH			(83) Psc
County Anne Aru	ndel	\$	Registration Dist. No. 2
Village Dr City Crow	nsville St	tate Hosp	1 t eNb. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town		Lyrs6mos	ds. How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME	Cornelius		If U. S. Veteran, specify WAR
(a) Residence: No.	1925 Redwo	ood St.,	Bast imoreward Maryland If nonresident give city or town and State
PERSONAL AND STA	TISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
male 4. color or rac		RRIED, WIDOWED,	21. DATE OF DEATH October 1st 193 7 (Month) (Dey) (Year)
a. If married, widowed, or divorced HUSBAND of (OF) WHE-OF Unkno	wn		22. I HEREBY CERTIFY, That I attended deceased from March 30th 1936 to October 1st 1937
S. DATE OF BIRTH (month, day, and year)	1900		last saw him alive on October 1st 1937 death is sain
. AGE Years Mon		If LESS than I day,hrs.	to have occurred on the date stated above, at 3:25 A m M. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	R. ***	1 01	General paralysis of the Date of onset
kind of work done, as SPINNI SAWYER, BOOKKEPER, etc Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc			
ID. Date deceased last worked at this occupetion (month end year)	11. Total spe	time (years) ent in this ————————————————————————————————————	
2. BIRTHPLACE (city or town)	entucky		Other Contributory Causes of Importance: Lues
13. NAME Unknown			
13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country)	Unknown		Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME COT	a Jones		23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME COT 16. BIRTHPLACE (city or town) (State or country)	Kentud	eky	Accident, suicide, or homicide?
7.INFORMANT Hospita	l Records	างโลกส์	Where did injury occur?
8. BURIAL, CREMATION, OR REMOVAL	een Date 15/6.	7,19	Manner of Injury
9. UNDERTAKER DAG, PM. (Address)	Interope'	Duph	24. Was disease or injury in any way related to occupation of deceases?
0. FILED Q . 19.3 Y	£7. 104	C Registrar.	(Signed) Crownsville, Maryland M. D

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the same of th	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

RESERVED

MARGIN

No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
NOV 6 1937				
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1	
			1 year	

ADDITIONAL SPACE FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10639
1. PLACE OF DEATH	(19)
County Q - CC -	Registration Dist. No. 21
Village or City Parole, 1/819hls	No
	ds. How long In U. S. If of foraign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH October (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,hrs. Ormin,	I last saw h aliva on, 19; death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and galated causes of importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass In which work was dona, as SILK MILL. SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month end year) year) 11. Total tima (years) spent in this occupation	were as follows: In fecties Lianchea Oate of onset Oate of onset
12. BIRTHPLACE (city or town) amaleolis' (State or country) a - a - co md " 13. NAME & ohn Henry Loysor	Other Contributary Courses of Importance: ACLINE INON: ±101 and ACLINE INON: ±101
13. NAME Lohn Menry fourfor 14. BIRTHPLACE (city or town) SI-Vinaby (Stata or country) CO-J Ma	Name of operation Date of What tast confirmed diagnosis? Wes there an autopsy?
15. MAIOEN NAME MAYER JONES 16. BIRTHPLACE (city or town). Americalistic (Stata or country) a -a - 40 mid 17. INFORMANT Lower Lower Lower Cardinates (Addrass) amagnotis mod	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homeide?
18. BURIAL, CREMATION, OR REMOVAL Place Drewarful Conf Oate 1 12, 1937	Manner of injury
19. UNDERTAKER EL HB Parker Ahnopal. (Address) 47 Washington 51 Md.	24. Was disaase or injury in any way related to occupation of deceased? One of the occupation of deceased?
20. FILEO / O / Z , 19 3 Merson Registrar.	(Signed Cush Street) Address) HNN upo 155 MA 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	i
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICA	TE C	OF DI	EATH
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1	11	1.	.1	12
1	U	1)	4	U

Village or City Brooklyn Ph No. 106-6 dare St.,	Ward
	Ward
(If death occurred in a hospital or institution, give its NAME instead of street and n Length of residence in city or town where death occurredyrs,ds. How long In U.S. if of foreign birth?mo	
Me X O K. O. Sang	
(a) Residence: No. 106 6 6 Ward Sworts St., Ward. (Usual place of abode) (Usual place of abode) (Usual place of abode) (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH	-1
Male While OR DEVORCED (purite the word) (Month) (Day)	, 193
5e, 1f married, widowed, or divorced	(1001)
HUSBAND of (or) WIFE of	0.0
10 8 10 1923 11 19 1, to 20 122	, 19_5_7_
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then to heve occurred on the deta steted ebova, et 10,150-m.	; death is said
1 dey,hrs. The PRINCIPAL CAUSE OF DEATH and ralated ceusas of importence	
l lormin. wera as follows:	Date of onset
8. Trede, profession, or particuler kind of work done, es SPINNER, Marie SAWYER, BOOKKEPER, atc. Marie SAWYER, BOOKKEPER, atc.	
9 Industry or business in which	********
work was done, as SILK MILL, SAW MILL, BANK, atc	
- this social and sharet this	
yeer) occupation Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) - An or Alexander	
(Stete or country)	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. A. A. A. A. Nama of operation Date of	
14. BIRTHPLACE (city or town) Date of	
Whet test confirmed diagnosis? Wes there an a	ulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 23. If daeth wes due to externel causes (VIOLENCE) fill in also tha following Accidant, suicide, or homicide? Dete of injury	
16. BIRTHPLACE (city or town) Accidant, suicide, or homicide? Obte of injury Where did injury occur?	, 19
(Specify city or town, county and State	e)
17. INFORMANT Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL (A Mannar of injury	
Plece Gelen 18 18 Dete 06 /2, 1937 Nature of Injury	
CI Okali in a 8 illa a 12 Wasting a little in the state of	w
19. UNDERTAKER (Address) (Address) (Address) (Address) (Address)	
Colinary (Signed)	
20. FILED OCY 1 193 1 18 1 1 Museum (Addrass) 1 3, 9 Light of	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		D1:104 - 153/	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

N. B.-WRITE PLA

STATE	OF	MARYI	AND-	-CERTIFI	CATE	OF	DEATE
	U	MAKE	AND	CLIVIII	CALL	O.	DLAI

10641

1. PLACE OF DEATH	948
County anne arund el	Registration Dist. No. 21
Village or City Annapolis	No. 191 Prince George St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number) is. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No. 191 Prince George St. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Oct. 28 ,1937 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy C. Koolage	22. THEREBY CERTIFY, That attended deceased from 1937, to Oct. 28, 1937
6. DATE OF BIRTH (month, day, and year) 1884, April 3. 7. AGE Years Months Days If LESS than 1 day,hrs 5 3 6 25 ormin. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	I last saw h and alive on Del 25, 1937; death is said to have occurred on the date stated above, at 35.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onjet
year) Occupation 12. BIRTHPLACE (city or town) Norfolk (State or country) Virginia	Other Contributory Causes of Importanca: 10/28 Caranary Thrambasis? 10/28
H 13. NAME Charles W. Koolage 14. BIRTHPLACE (city or town) Norfolk (State or country) Virginta	Name of operation Name Date of What test confirmed diagnosis?
15. MAIDEN NAME Indiana Halstead 16. BIRTHPLACE (city or town) Norfolk (State or country) Virginia 17. INFORMANT Dorothy C. Koolage (Address) Annapolis, Md. 18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
Placa Anna polis, Md. DateOct. 31. 19.3 19. UNDERTAKER John M. Taylor (Address) Anna polis Md. 20. FILED 10.29, 19.37 MM Resistrar.	Nature of injury 24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) (Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ERMANENT RECORD. Every item of infor-	EXACTLY. PHYSICIANS should state	classified. Exact statement of OCCUPA-	.e.
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-	-CERTIFIC	ATF	OF I	DFA"	TH
JIAIL	O1	MINITERIO	CLIVIII ICA				

10642

1. PLACE OF DEATH	82-20
county Anne Arundel	Registration Dist. No.
Village or City Crownsville, P.O	NoSt.,Ward
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rosa Matilda Lana	
(a) Residence: No. (Vown S Ville P. C (Usual place of abode)	St., Ward. Mod. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5 ingle	21. DATE OF DEATH /0 /5 , 199 / (Year)
5a. If married, widowed, or divorced HUSBAND of	22. ALHEREBY CERTIFY That Lattended deceased from
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 101/ 18. 1861	I last saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9/304 m.
76 10 - 1day,hr	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Household SAWYER, BOOKKEEPER, etc. Household	D
kind of work done, as SPINNER, House hold kind of work done, as SPINNER, House hold SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done as SILK MILL	terebral hemanshore 10/15
work was done, as SILK MILL, SAW MILL, BANK, etc.	(Sudden death) Courses
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and 0 - 1) - 3 occupation (coupation coupation coupation occupation)	Casl
12. BIRTHPLACE (city or town) Baltimore, Md (State or country)	Other Contributory Causes of importance:
	- Extriorcios
E	Name of operation Date of
14. BIRTHPLACE (city or town) GERMAN	What test confirmed diagnosis? Elin: Was there an aulopsy? W.
15. MAIDEN NAME Margereta Walhter 16. BIRTHPLACE (city or town) Germany	23. If death was due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 2017 Belan Rel	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED. Place Sucha Cark Date Of Co. 19	Manner of injury
() 1,10	Nature of injury
19. UNDERTAKER JOHN JOOK (Address) JOOK (James John MC)	24. Was disease or injury In any way related to occupation of deceesed?
BK 15- 4 52 louis	(Signed Luch 2011 nieno 8 4 M. a.
20. FILED V. 1937 Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
THE STATE OF THE S			
Other contributory causes of importance:	19/01/	Other contributory causes of importance:	- Thirt
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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(Signed)

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

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S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH. 10644
1. PLACE OF DEAT	гн			(8)
County Anne	Arund el			Registration Dist. No. 21
Village cr CityE			(If	No. 285 Severn ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In ci	ty or town whera deat	h occurredQ	yrsmos	s,ds. How long in U.S. If of foreign birth?yrs,mos,ds.
2. FULL NAME	Harry E.	Lewis		If U. S. Veteran, specify WAR
(a) Residence: No	285 Se	Vern A (Usual place	V C _ of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AN	D STATISTIC	AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
Male W 5a. If marriad, widowed, or divo	hi te	Marri	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Och. 19 , 193 7 (Wonth) (Day) (Year) 22. I HEREBY CERTIFY, That dettanded deceased from
Mar Mar	y Ann Lev	vis		August 1, 19.37, 10. Oct., 19, 1937
6. DATE OF BIRTH (month, day	, and year) Nov	24	1875	I last saw war aliva on Oct . 19 , 1937; death is said
7. AGE Years	Months 10	Days 25	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or pa kind of work done, SAWYER, BODKKEE	as SPINNER. TO		(retired)	Caranary Thrambases 19/19
9. Industry or business In work was dona, as	which			
kind of work done, SAWYER, BODKKEE Work was done, as SAW MILL, BANK, of this occupation (moyear)	etc rkad at nth and	sp:	ime (years) Int in this	Chronic spinal musculare atrophy. Revise.
12. BIRTHPLACE (city or town) (State or country)				Dther Contributory Causes of Importance: Ouranic museular atrophy 1936
-1	44.4	-		
13. NAME William 14. BIRTHPLACE (city or to (State or country)		apolis		Name of operation Name of operation Date of Was there an au'opsy?
15. MAIDEN NAME I	la Jacobs	3		23. If death was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME TO 16. BIRTHPLACE (city or to (Stata or country)				Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary (Addrass) Eas				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR I				Manner of Injury
Place Annapo.	lis, Md.	Date QCt	21, 19.37	Nature of injury
19. UNDERTAKER John (Address) And	n M. Tayl			24. Was disease or Injury In any way related to occupation of deceased? M.O. If so, specify
20. FILED UCL 10	19. 5.		Registrar.	(Signed) F. Willia III Wallie M. D. (Address) Agrange Clip Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	RITE PLAINLY, WITH UNFADING INK-TIIIS IS A PERMANENT RECORD. Every item of infor-	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	inf	st	AIR.	
	of	pln	500	1
	tem	sho) J(1
	y ii	S	nt c	
	Tver	IAN	mer	
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	4	ted	per	ifica
	S	sta	pro	cert
	IIS	pe	pe	Jo.
	F	plr	ay	ıck
	IK-	shou	t m	ı ba
	R	田田	ati	S 01
	NG	AG	th	ion
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	NF	plie	rms	nst
	Б	dns	n te	ee i
	E	lly	olain	ON is very important. See instructions on back of certificate.
	W	efu	in	ant.
	Y,	car	TH	ort
١	Z	be	EA	imp
	LA	nld	D	ry
		sho	OF	s ve
	ITI	on	SE	N is
	K	-=	1	3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10045
1. PLACE OF DEATH	95-8
County anne arendal	Registration Dist. No. 2.D
	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
1 1 1 2	,
2. FULL NAME John H. Montgomery	If U. S. Veteran, specify WAR
(a) Residence: No. Seen Burne 187. D. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Och. 28, 1937 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) WIFE of more S.	22. I HEREBY CERTIFY. That I attended decassed from
6 DATE OF RIRTH (month day end year) 5-124 24 1854	19 , to
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 m.
CD / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or narticular	Were as follows: Date of onset
kind of work done, as SPINNER, Custam chape doe SAWYER, BODKKEEPER, etc.	The state of the s
9 Industry or business in which	Tound dead in fed.) Deaph
work wes done, as SILK MILL, SAW MILL, BANK, etc	certificate signed by coional
10. Date deceased last worked at this occupation (month end 1910) spent in this occupation occupation	
Balo nd	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Chronic Duran of the Heart
13. NAME Fromas montgomery	
14. BIRTHPLACE (city or town) Back. m. d.	Name of operation Deta of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Hamal	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Hamal 16. BIRTHPLACE (city or town) Sach: m.d.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE,
17. INFORMANT Jours Françoises 2007. (Address) Les Berting. 2007.	Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury
Place Ballo. Md. Date Out 30, 1937	Nature of injury
19. UNDERTAKER Mm. Cook. (Address) Sh. Paux & Priston. Sh	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Oct 28, 1937 morgalia.	(Signed) Wallers Juris acting M. D. (Address) Glew Gusus Mal.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	ji ji	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3.days.ago
NO A D	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1646
1. PLACE OF DEATH	·	
County Chrose arundel	Registration Dist. No.	
Village or City Description (If	No. Grand genny Hosel St., death occurred in a horpital or Institution, give its NAME instead of street and a	Ward
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmo	
2. FULL NAME Samuel W. M	oran . WITHIN CORPORATE LIMIT	2 07
(a) Residence: No. Edgewalu G. Q. Co (Usual place of abode)	Ward. If nonresident give city or town and it	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended of	4
21.6.20	I last saw has alive on Office 1932	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	; death is said
alm 7 00 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular	were esfollows:	Date of onset
kind of work done, as SPINNER Caretaher on furm	Urema	Oct-10
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Che Japlusto	Juhan
10. Dete deceased last worked at this occupation (month and year) occupation		
12. BIRTHPLACE (city or town) Q. Q. Co. rug	Other Contributory Capses of importance:	7
(State or country)	and Myser out	legen
13. NAME Unknown	. //	De7.8
14. BIRTHPLACE (city or town)	Name of operation	24
15. MAIDEN NAME Nu francisco	What test confirmed diagnosis? Wes there an a	11
- //	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?	
17. INFORMANT Littles W. Micholo (Address) B. J. D. Queschil 241d.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	(CE.
18. BURIAL, CREMATION, OR REMOVAL Place Listy G. q. Co 24 to ate 6xt 15, 1939	Manner of injury	
19. UNDERTAKER John 24. Sayla	24. Was disease or injury in any way related to occupation of deceased?	160
(Addiess) (Cermptoli 2nd.	If so, specify	
20. FILED UL 3, 19.37 J. J. Muryely (Registrar.	(Signed) George Soul (Address) Confortis Med	M. D.
# # # # # # # # # # # # # # # # # # # #		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County Anne Arundell Registration Dist. No. Village or City Jessups, Maryland (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?______yrs._____mos.____ds. Length of residence in city or town where death occurred 2. FULL NAME James Nesbitt If U. S. Veteran, specify WAR__ (a) Residence: No. 3505 Wudson (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) October Male White idowed (Month) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I ettended deceesed from Unknown (or) WIFE of to Oct 4th Sept 26th 6. DATE OF BIRTH (month, day, end yeer) January 7. AGE If LESS then Months Days 75 I day....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance 8 14 or min. were as follows: Date of onset 8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION Laborer Heart failure following 9-26-3 9, Industry or business in which fracture of right work was done, as SILK MILL, SAW MILL, BANK, etc..... (Neck 10. Date deceased last worked et II. Total time (years) spent in this this occupation (month and occupation ... 12. BIRTHPLACE (city or town) (State or country) ennsvlvania. FATHER I3. NAME John Neshitt Name of operation Reduced fracture Date of 9 - 26 - 37 Unknown 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosts?______ Wes there an autopsy?__NO MOTHER Carter 15. MAIOEN NAME Rosanna 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ACCIGENT Date of Injury -26 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? While walking on the floor (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Neture of injury Fracture of neck rt. femur. 24. Was disease or injury in any way related to occupation of deceased? NO 19. UNDERTAKER If so, specify.

Registrar.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Water March	11		,
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

20 ż

1.	County Village or C	F DEAT	H Anne An Crowns	rundel	State Hos	Registration Dist. No. 2/ Pi No.1 death occurred in a horpital or institution, give its NAME instead of street and its 10 ds. How long In U.S. if of foraign birth?	Ward
2	FULL NAI					If U. S. Veteran, specify WAR	PP-PP-PP-P
	(a) Kesiden	ce: No	- Unase	(Usual place	nore coun	ty St., Mary Ward d If nonresident give city or town and	State
gaituarking	PERSON	AL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. S	male	4. COLOR	or race ck		RRIED, WIDOWED, DD (write the word) Ned	21. DATE OF DEATH October 15th (Month) (Day)	, 193_7 (Yaar)
	f married, widow HUSBAND of (or) WIFE-of ATE OF BIRTH (U	nknown	374		22. I HEREBY CERTIFY. Thet I attended October 6th ., 19.37, to October 1 I last saw h im alive on October 15th , 19.37	5 19 3.7
7. A		rs 33	Months Unkr	Days 10WN	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 7 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10.1
CUPATION	8. Trada, profes kind of w SAWYER, 9. Industry or 1			Unknown	1	Chronic myocarditis	Date of onset
OCCUP	SAW MIL 10. Data decease this occup	done, as SI L, BANK, et ed last work pation (mont	LK MILL, ced at	246	time (years) Int in this		
12.	BIRTHPLACE (cit (State or coun	y or town)		Ameri		Other Cantributary Causes of Importance: Psychosis With other somatic	
ATHER	13. NAME		Unknowr	1		disease	4
TH	14 BIRTHPLACE	(city or tow	(0)	Britis	n Gwiana	Name of operation	

(State or country) MOTHER alfreda Padmore 15. MAIDEN NAME South America 16. BIRTHPLACE (city or town)

Records 17. INFORMANT. (Addrass)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

(Address)

24. Was disease or injury in

23. If death was due to external causes (VIOLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

(Specify city or town, county and State)

What test confirmed diagnosis?___.

Accident, suicida, or homicide?

Where did injury occur? ____

Manner of injur Nature of injury

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritoniti	3 days ago
		(8 3	
Other contributory causes of importance:		Other contributory pauses of importance:	AND THE PARTY OF
Gallstones	May 1,1923	Gastroenterias	1 year

V. S. No. 1

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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1	11	6.	1	9	
I	U	()	4	J	

1. PLACE OF DEATH	93-0
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hosp	ital _{No.} St Ward
Length of rapidence in city or town where death securred 11 was 10 m	(If death occurred in a hospital or institution, give its NAME instead of street and number) os. 6ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Rose Pan	If U. S. Veteran, specify WAR
(a) Residence: No. Chaptico, St. Mary (Usual place of abode)	r's scountyward Maryland If nonresident give city or fown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH October 23rd ,193 7 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from December 17, 19, 25 to Oct., 23rd., 19, 37
6. DATE OF BIRTH (month, day, and year) 1896	Hast saw h. e.r. aliva on Oct. 23rd 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7:05 A. M.
61 Unknown 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Myocardial degeneration Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Data deceased last worked at 11. Total tima (years)	
O 10. Data deceased last worked at this occupation (month and yaar) 11. Total tima (years) spant in this occupation occupation occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Centributory Causes of importance: Involutional melancholia
监 13. NAME Unknown	
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there are autopsy?
置 15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Hosp-it-alRecords	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL	Manual Color
Place of telal Cen Date 727 197	Manner of injury
Loph.	24. Was disease or injury in pay way related to occupation of decorded?
19. UNDERTAKER (Address)	If so, specify
mound ofe 7 of Ext Louce	(Signed) III MUPO M. D.
20. FILED Registrar.	(Address) Crownsville, Maryland)
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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110	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
Q 1021	Run over by street car	1 week ago
Julu5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
-		
	1915 S 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Allack of epilepsy Run over by street car Peritonitis Other contributory causes of importance:

CAUSE

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should

If more blanks are needed, address State Registrar, 2411 IV. Charles Street, Balamore, Requesting

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING N. B.—WRITE PLANLY, W.

V. S. No. 1

1. PLACE OF DEATH	
Length of residence in city or town where death occurredyrsmos	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yer)
5a. It married, widowed, or divorced HUSBAND ot (or) WIFE ot	22. I HEREBY CERTIFY, Thet I attended deceased tr
6. DATE OF BIRTH (month, dey, and year) Nov. 18, 1936	I last saw h alive on, 19; death is s
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupetion (month and year) 12. BIRTHPLACE (city or town)	Mahnutrian Thereties Thereties Other Cause Cause of Importance: Of severe, unchasked discrebood of cornitions
(State or country), 2 13. NAME Gichard Grovel 14. BIRTHPLACE (city or town). Q. Q. G. M. M. M. (State or country)	Physician was called in ofter deaths Neme of operation What test confirmed diegnosis? His Tory Mynus Was there an autopsy?
15. MAIOEN NAME Fasmie Watkins 16. BIRTHPLACE (city or town) Jacob solla, Mid. (State or country)	23. If deeth was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT FRAMIN (Jonnel (Mother) (Address) Basadina, Pad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PICONTAGENA STANDARD TO STANDARD	Manner of Injury
19. UNDERTAKER E. A. B. Barker (Address) 20. FILED D 8 1937 AMMERIE 12	24. Was disease or injury in any way related to occupation of deceased? If so, specity (Signey)
Registrar.	(Address) Statistica Corner March 1994)

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Chronic interstitial nephritis	1921	Run over by street car	I week ago
Cerebral hemorrhage NOV 6 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

v i

1. PLACE OF DEATH		210,00	7
County Rome Usende	2	Registration Dist. No.	5
Village or City Linelli Cum	md.	No. St.	Ward
		f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residance in city or town where daath occurred	yrsmos	sds. How long in U.S.If of foreign birth?yrsm	10sds.
2. FULL NAME Mary Christ	in Sc	anlow of U. S. Veteran, specify WAR	
(a) Residence: No. Cuallica (Usual place	e of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH	, 193
5a. If married, widowad, or divorcad	700	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That ettended	deceesed from
6. DATE OF BIRTH (month, day, and yeer)	- 193	I last saw h.ex alive on At 25 ,193/	daath Is said
7. AGE Years Months Days	If LESS than	to have occurred on the data stated above, at 5:00 P.m.	
09 10 -	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were, as follows:	1
8. Trede, profession, or perticular		acielo mobile struck	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decaased last worked at this occupation (month and	w	- Re - on Public Highway	
9 findustry or businass In which work was done, as SILK MILL.		Fraching shall	
SAW MILL, BANK, etc		mandoble + maxille.	
The secondarion Surgitures and	tima (yaars) ent in this		
yaar) franka Market (Oct	cupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Stupley Hanto	ace to ma		
(State or country)		Coronair Casa	
13. NAME Patrok Steam	lon		
13. NAME Patrob Seatte 14. BIRTHPLACE (city or town) Datte	·md'	Name of operation Data of	
(State of country)	111	What test confirmed diagnosis? Was there en	autopsy?
15. MAIDEN NAME Cinastagia	milly	23. If death was due to external causes (VIOLENCE) fill in also the followin	g:
15. MAIDEN NAME and to a land to m	nd	Accident, suicide, or homicide? Cerciled. Dete of injury / 0	
∑ (Stete or country)		Where did injury occur? Lime the crem my C	amp Head
17. INFORMANT Edward J. Scanle)	(Specify city or town, county and Sta Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	te) Rd
(Address) 1134 Leadenhall St. Bal	to mid.	Children playing on road side framin	to side
18. BURIAL, CREMATION, OR REMOVAL	- /	Menner of injury Struck by truck	Shear-
Place Cathedral Cesa Date Och	27 ,1937	Natura of injury Whell	and the second
Manager A. 40y		24. Was disease or injury in any way related to occupetion of daceasad?	No
19. UNDERTAKER (MULLICULAR)	F	If so, specify - Alan Araba Carana and a specify - Alana and a spe	2-7
75 Oct 20 Calbrill	on of	(Signad)	61 P
20. FILED : 4.2 001, 19.5 7 CAUNCE 112	Registrar.	(Address inthicum Md.	M. D.
	stegianar.	(1)001000	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			
County United	remo	are,	Registration Dist_No. 23
Village or City Mc Pherson	es d	Hatin	No. Brooken R. J.D. #59
Length of residence in city or town where deal	th nearread	(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Anton , be			ds. How long in U.S. iI of foreign birth?yrsmos
2. FULL NAME Otto Win	leau	- Selle	Transport of the following Specify IT/III
(a) Residence: No. 18/20 okle	(Usual place	7-15#	
PERSONAL AND STATISTIC			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARI	RIED. WIDOWED, O (write the word)	21. DATE OF DEATH Cet. 10
Sa. If married, widowed, or divorced	aring	٠٠.	(Month) (Day) (Xe
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, Thet I attended decease
(0) 1112 01			Oct. 10 - 1937, to Oct 10 19
6. DATE OF BIRTH (month, day, end yeer)	1.10-	1937	I last saw h_ earlive on O.D. 10 - 1937; death
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 10:55 Am.
		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular			Stranguelation Dates
kInd of work done, es SPINNER, SAWYER, BOOKKEEPER, etc			Baby Was born byon
work was done, as SILK MILL, SAW MILL, BANK, etc.			arisal of myself with
O 10. Date deceased last worked at	11. Total ti	me (years)	lord algered neck + was
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			Stranglif-
12, BIRTHPLACE (city or town) The Phen	eo.u.	station	Other Contributory Causes of importance: .
(State or country) Sudo fely a	1P. H. #	Eg 360.	O makes confi
13. NAME Was W Sil	les .	_	(Orox
14. BIRTHPLACE (city or town) Balt	imos	re	Neme of operation Date of
(State or country)	ud.		What test confirmed diagnosis? Cleaned Was there an autopsy?
15. MAIDEN NAME DO resther ale	ce M	ares	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Bal	Lina-	~	Accident, suicide, or homicide?19
(State or country)	`	rud.	Where did injury occur?
17, INFORMANT COS H. Sel	len-	forther.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)			
18. BURNAL CREMATION, OB REMOVAL Dalt	/	., 27	Manner of Injury
Place	Date OCT	11 ,1937	Nature of injury
19. UNDERTAKER Ama le. Of Address) Fellen 3	uglel	m	24. Was disease or much in any pay related to occupation of deceased?
20. FILED OCX 11 19.37 X	mige	alba	(Signed) Chas. L. Ball Q
		Q. Registrar.	(Address) - A culticular Mid.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLAINLY,

V. S. No. 1

Exact statement of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

MARGIN RESERVED FOR BINDING

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Gallstones	May 1,1923	Gastroenteritis	1 year	

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MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH						(5%)			
County Anne Arundel						Registration Dist. No. 21			
Village or City						NoSt.,St.,	umber)		
		ence In city or tow			yrs,mos	ds. How long In U.S. if of foreign birth?yrsmo	sds.		
	2. FULL NAN	ME Villi	am Ed	tward S	mith	If U. S. Veteran, specify WAR			
	(a) Residence	e: No.	C. Pas	(Usual place		St., Ward. If nonresident give city or town and State			
	PERSON	AL AND ST	ATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
	S. SEX 4. COLOR OR RACE OR DIVORCED (write the word) male negro widower				(write the word)	21. DATE OF DEATH October 27th (Month) (Day)	, 193. (Year)		
5a	. If married, widowe HUSBAND of (or) WIFE of		line	Smith		22. I HEREBY CERTIFY, Thet I attended of			
6.	DATE OF BIRTH (month, day, and ye	er) Feb	. 28,	1839	I last saw h alive on 19.36 to Oct	; death is said		
	AGE Yeer	s M	onths	Days	If LESS than	to have occurred on the date stated above, atm.			
_			5	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month end. T. O.C.).					ma (vaare)	Cironic interstitial renhrit Diabetes mellitus			
	10. Date decesse this occup year) BIRTHPLACE (city (State or count	ation (month end	1927 Calve		ntin this life	Other Contributory Causes of Importance: Branchapneumonie.	IO-24		
ER	13. NAME	unk	nown						
FATHER	14. BIRTHPLACE	(city or town)	11			Name of operation	1		
_	(State or o		9.7			What test confirmed diagnosis? Was there an at			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)						23. If death was due to external causes (VIOL ENCE) fill In elso the following: Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19		
17. INFORMANT Ifelving Prown (Address) T. O. Tagadene, Iid.						(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.		
18. BURIAL, CREMATION, OR REMOVAL Place 12 70 thy Cometedate Qcf 30,19 7.						Manner of injury			
19	. UNDERTAKER (Address)	"Im. J	ackso nore	n		24. Wes disease or injury in any way related to occupetion of deceased?			
20	FILED TO-S	7 , 19 37	2.0	a . 83	Registrar.	(Signed) (Address) Casalem U	10. M.D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car Puly 5, 1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	0656
1. PLACE OF DEATH	
County Chune Counder Registration Dist. No.	
Village or City (If death occurred in a horpital or instance of street and no	Ward
Langth of residence in city or town where death occurredyrs	
2. FULL NAME M. Soughed Lobelman If U. S. Veteran, specify WAR	
(a) Residence: No. 3923 M Tarrison (1881) Ward. (Usual place of abode) Balth Mark. If nonresident give city or town and 3	State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 21. DATE OF DEATH Lower 2	193. 7
5a. If married, widowed, or divorced (Month) (Day)	(Yéar)
HUSBAND OF Selman 22. I HEREBY CERTIFY, Thet I attanded d	
6. DATE OF BIRTH (month, day, and year) Herillo, 1987 I last saw h aliva on 19 19 19	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	
30 5 26 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	7 7-
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and 1/2/2/2) 11. Total time (years)	7-0
- 1 Spaint in this 3	F-44
occupation Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	
13. NAME TWO STELLINGS 14. BIRTHPLACE (city or town) Dete of Name of operation Dete of Name of operation Dete of Name of operation Detection Dete	
What tast confirmed diagnosis? Was there an au	utopsy?
15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also tha following:	
[5] 16. BIRTHPLACE (city or town) Date of injust Of Accident, suicide, or homiside?	19.3.7.
Where did injury occur?	`
17. INFORMANT Specify city or town, county and State Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLAY (Address) 3604 Rogers Des Baltimo	ĆE.
18. BURIAL, PREMATION, OR REMOVAL ALOS COMMENTERS Menner of injury Clar Plane assedges	1
Place 120 date Balls Date Oct 4 1937 Neture of injury Shock o Hemorahay	2-2
19. UNDERTAKER 26 A SUSA Pro 24. Was disease or injury in any way solated to occupation of decorpted?	00
(Addrass) 3 alto mol It so, specity to fir will untillose	2/1
20 FILED 0 3 19 3 Wursh ((Signed) Thing prompt	K/ 44.00

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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-	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance? Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

for- tate PA-		CERTIFICATE OF DEATH
or in	1. PLACE OF DEATH	97
S E E	County (L	Registration Dist. No.
shoul of Of	Village or City annapoles and	NoBladen Holel, Blade St., War
. 70	Length of residence in city or town where deeth occurred 31 yrs mos	f death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Every YSICIANS statement	2. FULL NAME A BYSS, S	Tall. as
D. 1 SIC tate	(a) Residence: No & Laden Hotel , Bladen	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
RE. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E . E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (curric) the word)	21. DATE OF DEATH
d L	In w marres	(Month) (Day) (Year)
ANEN A C T I ssified.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased fro
Z 8	60) HIE Of Chegalette & lalings	Pronound por to
E C N	6. DATE OF BIRTH (month, day, and year) africe 26 - 1894	I last saw h alive on 19 : deeth is sei
IS A PE stated E properly ertificate	7. AGE Years Months Deys If LESS than	to have occurred on the data stated ebova, et 3 6.m.
IS A I stated properl	63 5 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca were es follows:
be s be p of ce	Sawyer, BOOKKEEPER, etc.	Date of onse
H-4	kind of work dona, as SPINNER, loler A SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, Holel SAW MILL, BANK, etc. 10. Data deceesed lest worked et O 20/11 Total time (years) / C	acute Deletation I Sus
VK—T should it may n back	9. Industry or business In which work was done, es SILK MILL, Holel SAW MILL, BANK, etc.	Mert.
4	10. Data decessed lest worked et 30 11. Totel time (years) / 5 spant in this	
AGE That	yaar) occupation	Other Contributory Causes of Importence:
So cti	12. BIRTHPLACE (city or town) Le allert Co and	Other County Chases of Importence:
NFAI oplied. erms, instru	(State or country)	alsold chrones 21/2
ppl ppl ins	13. NAME CONTON Stalling A	
H U su iin t	13. NAME CONTON Stalling N 14. BIRTHPLACE (city or town) - 9	Name of operation Dete of
lly pla	(State or country) Collect to me	What test confirmed diegnosis? Wes there an autopsy?
NLY, We carefull EATH in plimportant.	H	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
PL NLY, hould be car OF DEATH very import	State or country) to affect the second	Accident, suicida, or homicide?
	Elin 1 70 20-11.	Where did injury occur? (Specify city or town, county and State)
Should OF D	17, INFORMANT ALL GALLERY DEALERS (Address) /6 (Breezes Col	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(F) (I) +n	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place Caldar Blog Date Cot 22 , 19	Neture of injury
-WRITI mation CAUSE TION is	19. UNDERTAKER & L Hopping	24. Was diseased of injury in any way related to occupation of demand?
FOF	(Addigos) am of the . Med!	all so specify to septem (limiting)
- (A)	20. FILED . Cl 2 19 57 J-J. Murrelys	(Signer) Welting Coroner L. M.
4	Registray.	(Address) Lunaspoles me
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

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Example I	nn.com	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephangle 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	23 Gastroenteritis		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

10	10	10	por	13
1	U	()	()	3
-	4	1	6	1

	1. PLACE OF DEAT				(21)
	County	Anne	arunde	l County	Registration Dist. No. 2)
	Village Dr City	Crown	nsville	State Ho	St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in cit	ty or town where d	eath occurred	yrsLO_mos	s. 24 ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME	Ella (If U. S. Veteran, specify WAR
	(a) Residence: No	1410 1	McCullol (Usual place		Bst.ltimoward, Maryland If nonresident give city or town and State
	PERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
		r or race lack	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 31st , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown					22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th 19 36 to October 31 19 37
6.	DATE OF BIRTH (month, day	and vear)	1903		Hast saw h er alive on Oct. 31st 19 37 death is said
	AGE Years 35	Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at SP • M • m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATIO	kind of work done, as SPINNER, Unknown SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)				Description a chronic oreflictors. Direction - not stated. Direction - not stated.
12	. BIRTHPLACE (city or town). (State or country)		known		
ER	13. NAME	Unkno	wn		
FATHER	14. BIRTHPLACE (city or to	wn)	Unkno	wn	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
JER	15. MAIDEN NAME	Unkno	wn		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME WINKNOWN 16. BIRTHPLACE (city or town) UNKNOWN (State or country)					Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Hospital Records (Address) Crownsville, Maryland				yland	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of filal Cerular Date (9 79)					Manner of Injury
19	. UNDERTAKER A	P.Wen	lerote 6	rept	24. Was disease or injury in any way-related to occupation of deceased?
20	FILED N . 9, 1	9 & 7,	forga	Registrar.	(Signed) Crownsville, Maryland M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
HALES AS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	92-0
County Comme Countly	Registration Dist. No. 2-3
Village or City Millersvelle	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
// (//	os. ds. How long in U.S. if of foreign birth? Afryrs. mos. ds.
2. FULL NAME (Marie) esar	
(a) Residence: No. Wellersville 449	St., Ward.
(Usual place of abode) / PERSONAL AND STATISTICAL PARTICULARS	If nonresideat give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female Meleto OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of Jawes Jeras	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) West 6, 1863	I last saw h alive on Och 4 ,1957; death Is said
7. AGE Years Months Oavs If LESS than	to have occurred on the data stated above, at & ROPm.
74 0 0 f day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera as follows: Oato of onset
6 kind of work dona, as SPINNER, forenwork SAWYER, BOOKKEEPER, etc.	Dem purgue
9. Industry or business in which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
- Shallfill fills	
yaar) oc:upation	Other Coutributory Causes of Importance;
12. BERTHPLACE (city or town)	Chini, Vabrula Design of 1936
(State or country)	the shard
13. NAME forefile sedlale	
14. BIRTHPLACE (city or fown)	Name of operation 2 Date of
(State or country) Cuplica	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
87. INFORMANT Couthary Year	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 240/ youter and	X.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Joly 61 of Date Oct 9 , 1913 7	Nature of Injury
19. UNDERTAKER THOUSE SOME Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) 1906 Charles	If so, specify
in FILE DOX 7 137 In Dealla	(Signed) Soma S. Bellingilea M. D.
Registrar.	(Addrass) Telen Berney md.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.—W

STATE C	F MAR	YLAND-	-CERTIFICATE OF DEATH	10660	
County Anne Arundel			Registration Dist. No.		
Village or City Crownsv	ille St	ate Hospi	ital	War	
Length of residence in city or town where o	death occurred	(1 yrs,2 mo	No. St., If death occurred in a hospital or institution, give its NAME instead of street and ss. How long in U.S. if of foreign birth?	number)	
2. FULL NAME H	oward T	illison	If U. S. Veteran, specify WAR		
(a) Residence: No.	ecil Co	unty, R.	F.St.D. Mawardland If nonresident give city or town an	J.C.	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	d State	
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE Sing	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 27th (Month) (Day)	, 193 7	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —————			22. I HEREBY CERTIFY, That I attender August 7th 19 37 10 October 2	(Year) d deceased fro	
6. DATE OF BIRTH (month, day, and year)			Hast saw h im alive on October 27 19 3'	7.; death is sa	
7. AGE Years Months 52 Unknow	Days	If LESS then I day,hrs. ormin,	to heve occurred on the date stated above, et 19:30 Amp M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
8 Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labo		Acute cystitis	Date of onse	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			- 13		
10. Dato deceased last worked at this occupation (month end year)	spe	ime (years) ntin this upation			
12. BIRTHPLACE (city or town) Mary (State or country)	land		Other Contributory Causes of importance: Tabes Dorsalis		
置 13. NAME Unknown					
13. NAME Unknown 14. BIRTHPLACE (city or town) Unknown (State or country)		Neme of operation Date of			
15. MAIDEN NAME UNKNOW	wn		What test confirmed diagnosis? Was there en 23. If death was due to externel ceuses (VIOLENCE) fill in elso the following		
15. MAIDEN NAME UNKNOW 16. BIRTHPLACE (city or town)		nn	Accident, suicide, or homicide? Dete of Injury		
17.INFORMANT Hospital R. (Address) Crownsvil		vland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Plants of the Public Plants	ate) LACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Sampan Cemen	Date ber	30 ,1937	Manner of Injury		
19. UNDERTAKER To Justin De (Address) Towns	I TIE	0	24. Was disease or injury in any wey related to occupation of deceased?		
20. FILED () E 7.	Jo	44	(Signed) Crownsville Marvia	nd M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10. The month and record the decord last worked at the east

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ECEIVED	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 6 1957	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCEPATION is very important. See instructions on back of certificate. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING V. S. No. 1

1. PLACE OF DEATH	MAKTLAND-	CERTIFICATE OF DEATH	1000
County Come a	- lal	9	72
Un_	1 18	Registration Dist. N	
Village or City	ning	NoNo	of street and number)
Length of residence in city or town where death o		sds. How long in U.S. if of foreign birth?y	
2. FULL NAME Beat	no For	Patus Veteran speciny WAR	
(a) Residence: No.	lile.	St. Ward.	
	Usual place of abode)	If nonresident give cit	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF	DEATH
d. COLOR OR RACE 5. SI	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH	3- 3
0 13		(Month) (I	ay) (Ye
a. If marriad, widowad, or divorcad HUSBAND of	10	22. I HEREBY CERTIFY. The	t I altended deceased
(or) WIFE of	# /	1 C7 23 1937 to Ch	72-3 19
DATE OF BIRTH (month, day, and year)	212-36	I last saw he aliva on Oct 2-3	, 193.); daath i
AGE Years Months	Days If LESS than	to have occurred on the dato stated above, at 940 km	
10	3 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of Imwere as follows:	
8. Trade, profession, or particular		\sim 1	Date of
8. Frade, profession, or particular kind of work dona, a SPINNER, SAWYER, BOOKKEEPER, etc.		1 Total	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc		scule of the	-0
kind of work dona. SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)	/ new	
this occupation (month and year)	spent In this	V	
Men	Lafe	Other Contributory Canses of Importance:	
2. BIRTHPLACE (city or town) (State or country)	m o		
13. NAME MINSO	men	10 Murros	
	~ ~ 10	Name of according	
14. BIRTHPLACE (city or town) (Stata or country)	n d	Name of operation	Date of
15. MAIDEN NAME	Boots	What test confirmed diagnosis?	
16. BIRTHPLACE (city or town)	ennel.	23. If daath was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide?	-
(State or country)	na	Where did Injury occur?	mjury, 15.
INFORMAL MONS To	nous	(Specify city or town, c Specify whether injury occurred in INDUSTRY in HOME, or	ounty and State)
(Address)	nde his	To the state of th	LAVI
B. BURIAL, CREMATION, OF REMOVAL	02/2/ 20	Manner of injury	1
Place Wallsbury md Dat	CX 26 ,1037	Nature of injury	
9. UNDERTAKER & B Gotins	on	24. Was disease or injury In any way related to occupation of	de Cad?
(Address) Curna	polio md	If so, spacify	1
Dex 26 37 H.	L. Dones	(Signad)	Ville

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		1 10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis 493>	1 year
		1 2	

		g
CALLS .		

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V. S. No. 1 N. B.—V

2. FULL NAME Least of the state and sumber? Langth of residence in city or town where death occurred. (a) Residence: No. 2014 (b) Residence: No. 2014 (c) Residence: No. 2014 (d) Residence: No. 2014 (e) Residence: No. 2014 (f) Residence: No. 2014 (g) Residence: No	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City Decembers and St. Ward Length of residence in city or town where death occurred	1. PLACE OF DEATH	10000
Langth of residence in city or fown where death occurred yrs. mos. ds. two wells of residents, sive in NAME instead of steet and number) 2. FULL NAME Clear gate from Mannifelds (a) Residence: No. 20 4	County Come Cerundel	Registration Dist. No. 23
Lamph of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. 20 4 1	Village or City Brooklyn Park	No 208 4 Dave of Word
(a) Residence: No. 208 (b) Countries of shode) PERSONAL AND STATISTICAL PARTICULARS 1.SEX 4. COLOR OR RACE S. SIMGIR, MARRIED, WIDOVED, OR DIVORCED (write the word) Sa. II married, widowed, or diverced (or) Will of the Word (or) Will of the Word) Sa. II married, widowed, or diverced (or) Will of the Word (or) Will of the Word) S. DATE OF BIRTH (month, day, and year) O. Date of the word) O. Date of the word of the wor	Length of residance in city or town whera daath occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
(a) Residence: No. 28	2. FULL NAME Lear que Gran Wample	2If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DISORCED (which the word) OR DISORCED	(a) Residence: No. 208 47 Gme	
3. SEX 4. COLOR OR RACE FRANKED, WIDOWED OR BINDOKED (write the word) Frank Widowed, or diversed (city wides) So. If married, widowed, or diversed (city wife the word) So. DATE OF BIRTH (month, day, and year) So. DATE OF BIRTH (month, d	(Usual place of abode)	
Formale While OR DISORCED (write the word) 53. If married, widowed, or divorced HUSANO or Corp. WIFE of Corp. WIF		
53. If married, widowed, or divorced it only with a service of the profession of particular service of the profession of the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abath is said to have occurred on the data stated above, at 7 19.37 (abat	Tem le Wet OR DIYORCED (write the word)	<i>OU</i> / 193.7
Cot Service of Service	5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) Oct 6 7/93 7 7. ACE Years Months Oays If LESS than 1 day,	HUSBAND of	The state of the s
8. Trade, protession, or particular ware as follows: 9. Industry or business in which work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Problem Ruck (State or country) 13. NAME Charles Thanks Thanks City or town) Carrolles 14. BIRTHPLACE (city or town) Problem Ruck (State or country) 15. MAIDEN NAME Problem Ruck Ruck Ruck Ruck Ruck Ruck Ruck Ruck	6. DATE OF BIRTH (month, day, and year) Oct 59 /937	0 + 1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Oute deceased last worked at this occupetion (month and year). 12. BIRTHPLACE (city or town) Broken Bank, etc. 13. NAME Charles T Warmfile 14. BIRTHPLACE (city or town) Carothle Coccupation (State or country) 15. MAIDEN NAME Springer E Pagel 16. BIRTHPLACE (city or town) Broken Bank, etc. 17. INFORMANT THE Carothle T Warmfile 18. BURNAL, CREMATION, OR REMOVAL PIECE AMAIDEN OR REMOVA		
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 10. Oate deceased last worked at spent in this occupation (month and year) 12. BIRTHPLACE (city or town) Problem Purk (State or country) 13. NAME Charles Thanks Tha		
12. BIRTHPLACE (city or town) Brookhyn Purk (State or country) 13. NAME Charles TWarmfiles 14. BIRTHPLACE (city or town) Carroll of What test confirmed diagnosis? Was there an autopsy? Ma 15. MAIDEN NAME In grieve E Ragel 16. BIRTHPLACE (city or town) Bulbs (State or country) 17. INFORMANT Mr. Carroll T Marmfler (Address) 268 47 me Brokhyn K 18. BURIAL, CREMATION, OR REMOVAL Place Accident, suicida, or homicide? Oate of injury. 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 20. FILED Oak 7, 1937 Jalun M. Whatmare Registrar. 11. Marmfler 12. BIRTHPLACE (city or town) Carroll of Warmfler (State or country) Name of oparation. What test confirmed diagnosis? Was there an autopsy? Ma 23. If daath was due to axternal ceuses (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? Oate of injury. Where did Injury occurr? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury in any way related to occupation of deceasad? Mo. O. Registrar. 19. UNDERTAKER Order of the Country of the Count	8. Trade, profession, or particular kind of work done, as SPINNER,	- Cerebral Agnorhood Date or one of
12. BIRTHPLACE (city or town) Brookhyn Purk (State or country) 13. NAME Charles TWarmfiles 14. BIRTHPLACE (city or town) Carroll of What test confirmed diagnosis? Was there an autopsy? Ma 15. MAIDEN NAME In grieve E Ragel 16. BIRTHPLACE (city or town) Bulbs (State or country) 17. INFORMANT Mr. Carroll T Marmfler (Address) 268 47 me Brokhyn K 18. BURIAL, CREMATION, OR REMOVAL Place Accident, suicida, or homicide? Oate of injury. 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 20. FILED Oak 7, 1937 Jalun M. Whatmare Registrar. 11. Marmfler 12. BIRTHPLACE (city or town) Carroll of Warmfler (State or country) Name of oparation. What test confirmed diagnosis? Was there an autopsy? Ma 23. If daath was due to axternal ceuses (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? Oate of injury. Where did Injury occurr? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury in any way related to occupation of deceasad? Mo. O. Registrar. 19. UNDERTAKER Order of the Country of the Count	SAWYER, BUUNKEEPER, etc	(Buth Sofrety:)
12. BIRTHPLACE (city or town) Brookhyn Purk (State or country) 13. NAME Charles TWarmfiles 14. BIRTHPLACE (city or town) Carroll of What test confirmed diagnosis? Was there an autopsy? Ma 15. MAIDEN NAME In grieve E Ragel 16. BIRTHPLACE (city or town) Bulbs (State or country) 17. INFORMANT Mr. Carroll T Marmfler (Address) 268 47 me Brokhyn K 18. BURIAL, CREMATION, OR REMOVAL Place Accident, suicida, or homicide? Oate of injury. 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 19. UNDERTAKER Arm Dark Oate Oat 8, 1927 20. FILED Oak 7, 1937 Jalun M. Whatmare Registrar. 11. Marmfler 12. BIRTHPLACE (city or town) Carroll of Warmfler (State or country) Name of oparation. What test confirmed diagnosis? Was there an autopsy? Ma 23. If daath was due to axternal ceuses (VIOL ENCE) fill in also the following: Accident, suicida, or homicide? Oate of injury. Where did Injury occurr? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury Nature of injury in any way related to occupation of deceasad? Mo. O. Registrar. 19. UNDERTAKER Order of the Country of the Count	work was dona, es SILK MILL, SAW MILL, BANK, etc.	J
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	20. FILED Ock 7 1937 Ida M. Whiting	(Signed) Masser allutaer M.O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		MOV 4 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritts	1 year
	F 1		
	3		

*		

V. S. No. 1

STATE OF MARYLAND— 1. PLACE OF DEATH County County Village or City Village or City Langth of residence in city or town where depth occurred yrs mos. 2. FULL NAME Treclerus (Usual place of abode)	Registration as No. St., Registration as No. Registration as No. No. Registration as No. No. Registration as No. No. No. If u. S. Veteran, specify WAR No. No. No. If nonresident give city or town and	osds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH, (Month) (Day)	, 193 7
5a. If married, widowed, or divorced HUSBAND of	Manual Menery Century 7444	
(or) WIFE of	22. HEREBY CERTIFY, That I attended	
91-1899		, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Devs If LESS than	1 last saw h alive on, 19,	_; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date steted abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0 ormin.	were as follows:	Date of onest
Z I Trada, profession, or perticuler kind of work done, as SPINNER.	Compound Commenuted	
kind of work done, as SPINNER, Toleman fur SAWYER, BOOKKEEPER, etc.	Fracture of Akull	10/0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lacereation of Brain with	1/2/5
	loss of brain Substance] / 3
- 17 cms seeabarren (montra eng	В	11-2
year) occupetion	Other Contributory Causes of Importance:	
12. BfRTHPLACE (city or town) 6 lead Cely		
(State or country)		
13. NAME Frederick Warren		
13. NAME Frederick Marrey 14. BIRTHPLACE (city or town)	Name of operation Dete of	-
(State or country) On gland	What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME MAIN Value Mules		
E Osa Cu Vi d	23. If death was due to external causes (VIOLENCE) fill in also the following	2 02
16. BIRTHPLACE (city or town) 11. 12. 12. 13. 14. 14. 15	Accident, suicide or homicide?	19.3
Paul Oil A	(Specify city or town, county and Stat	c) The
17. INFORMANT V. O. GOV Waven	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	ACE. LA
(Address) Ellett at Md.	Day a grandency limb	The
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury A.U.	
Place callo ug. Date VI V , 19 5/	Nature of Injury as Hale & above	
19. UNDERTAKER Caston's Louis	24. Was disease mainjury in any way related to occupation of deceases?	1
(Addigos) Clicate City Mela	H so, specify to a ph M Cleman	sight
Opt 700 34 WW.	(Signed) Willing Coroner	_//
20. FILED COM 5, 19 0 Registrar.	(Address) Chrakola m	d
	2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER ST	
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County Village or City Length of residence in city or town where do	Path occurred		Registration Dist. No. No. 48 Leufun St.,	26
Village or City Length of residence in city or town where do 2. FULL NAME	ath occurred		No. 48 Leckini St.	26
Length of residence in city or town where do	Path occurred			
2. FULL NAME	Path occurred			Ward
1.016			death occurred in a hospital or institution, give its NAME instead of street and death	mosds
1.011	232	Mashin	If U. S. Veteran, specify WAR	MITS OF
(a) Residence: No.	Larke	m	St., Ward.	
	(Usual place o		ff nonresident give city or lown as	nd State
PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE	S. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH (Day)	, 193(Year)
If married, widowad, or divorced HUSBAND of		0		.,
(or) WIFE of			22. HEREBY CERTIFY. That I attende	deceased to
DATE OF BIRTH (month day and was)	1		I last saw have alive on (TT 2 T9)	death is sail
AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 5', 30 ftm.	, death is sai
67		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular	200	i ormiii.	were as follows:	Date of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	alm	n	Thimo helitie	hulowo
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				
10. Date deceased last worked at this occupation (month and year)	11. Total tir span occup	ne (years) t In this pation		
BIRTHPLACE (city or town)	1	0	Other Contributory Causes of importance:	
(State or country)	napo	Cu	Contemo Selevas	
13. NAME Server	Whah	motor	1	
14. BIRTHPLACE (city or town)	10.		Name of operation Data of	
(State or country)	X, 0	mo	What test confirmed diagnosis? Was there ar	au opsy? 1
15. MAIDEN NAME Mary	arker	ntar	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	Al p		Accident, suicide, or homicida? Data of Injury	, 19
(State or country)	-CAT - O	mol	Where did Injury occur?	
(Address) 68 B Acm	blist	enter	(Specify city or town, county and 6 Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ACE.
BURIAL, CREMATION OR REMOVAL	81	01 -1	Manner of injury	
Place allegation	-Date L	34,193.7	Nature of injury	
. UNDERTAKER (Address)	then	200	24. Was disease or injury in any way related to occupation of deceased?	hv
FILEO 10 31 15 37	11. m	urfely Registrate	(Signed) (Ardress) 116 - Cay Th. Comma	ce h

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V. S. No. 1

N. B.-

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cline Cruidel	Registration Dist. No. 22
01 1 10	
Village or City - James - Collection (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Wells	If U. S. Veteran, specify WAR_
(a) Residence: No. Gambiells	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) The arrived of the word)	21. DATE OF DEATH OCT. 13 193. (Month) (Day) (Day)
5a. If married, widowad, or divoced HUSBAND of	
(or) WIFE of Laura Wells	22. Och HEREBY CERTIFY That I attended daceased from 1937, to 12, 1937.
6. DATE OF BIRTH (month, day, and year) Sarry 10-1863	I last saw h. p. alive on
7. AGE Yaars Months Dys If LESS than	to have occurred on the date stated abova, at 2 -m.
74 19 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular	Date of office.
Kind of work done, as SPINNER, Farmely SAWYER, BDDKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL.	1 0 11 0 1937
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Cherral Newerhay out, 9.
TO. Date dacaasad last worked at this occupation (month end year)	
2/_/O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	A) to a the first
(State or country)	Mirroral My perfección 1542
II 13. NAME Unbus	mus relevous
14. BIRTHPLACE (city or town) Muhawawa (State or country)	Name of operation
(oraco or country)	What tast confirmed diagnosis? Was there an autopsy? ——
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Mulanasian (State or country)	23. If daath was due to extarnal causas (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Sura Wille (Addrass) Sambulle 9.9.6 md.	Spacify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALE	Manner of Injury
Pleco Mellersvelle Data ON 16 ,1937	Nature of injury. 2000
al my (a l a)	24. Was disease or injury 10 any way ralated to occupation of dacassad? 200
19. UNDERTAKER (Address)	If so, specify
Od 13 32 Mr. P. Dones	(Signed) Mull Caffy M.D.
20. FILED TO 199 / Soft Lock of trans.	(Addryss) Agus Broll Mas

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement TH UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. TION is very important. B.—WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	MAKIEA	ND			
County Anne Arundel			Registration Dist. No.		
Village or City Crownsv	ille State	(16	1 two.1 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence In city or town where deat	h occurredyrs	mos	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Benny	Vilson		If U. S. Veteran, specify WAR.		
			Bast, imoreward Maryland If nonresident give city or town and State		
PERSONAL AND STATISTICA			MEDICAL CERTIFICATE OF DEATH		
male 4. COLOR OR RACE 5.	SINGLE, MARRIED, WII OR DIVORCED (write the Single	DOWED, he word)	21. DATE OF DEATH October 24th (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I ettended deceased from		
6. DATE OF BIRTH (month, day, and year) 1900			August 18th 1937, to October 24th 1937 last saw h im alive on Oct. 24th 1937; death is said		
7. AGE Years Months 37 Unknown		ESS than hrs. min.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
Note that the control of the control			General paralysis of the insane		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years spent in this occupation				
12. BIRTHPLACE (city or town) North Carolina (State or country)		Other Contributory Causes of importence: Stat us Baralyticus			
13. NAME Frank Wilson	n				
14. BIRTHPLACE (city or town) Unknown (State or country)		Name of operation Date of What test confirmed diagnosis? Was there en autopsy?			
15. MAIDEN NAME Lulu (Unknown)			23. If death was due to external causes (VIOLENCE) fill In elso the following:		
16. BIRTHPLACE (city or town) Unknown (State or country)		Accident, suicide, or homicide?			
17. INFORMANT Hospital Rec (Address) Crownsville	ords , Maryland		(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL CREMATION OR REMOVAL Central Of 27 319)		Menner of injury Nature of injury			
19. UNDERTAKER Que 1	1		24. Was disease or injury in en wey related to occupation of deceased?		
20. FILED 0/27 (, 19) & 7	Joyce K	Registrar.	(Singled Mary Land M.D. (Address) LOWISVILLE, Mary Land		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No./slund

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MARGIN

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NOV 6 1937			
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